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VOL. VI.

No. 3

THE Public Health Nurse Quarterly

JULY, 1914

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Contributors to the July Quarterly.

Elizabeth G. Fox ("One Visiting Nurse's Impressions of the Conference"), is already known to the readers of the Quarterly as the Superintendent of Public Health Nursing in Dayton, where she is trying out the plan of making each nurse responsible for all kinds of public health nursing work in a small district.

Mary S. Gardner ("President's Address"), Superintendent of the Providence District Nursing Association, needs no introduction to members of the National Organization for Public Health Nursing, of which she is the presiding officer, nor to readers of the Quarterly, to whose pages she has frequently contributed.

Frederick L. Hoffman ("Practical Statistics of Public Health Nursing and Community Sickness Experience"), Statistician of the Prudential Insurance Company of America, is an authority previously quoted in the Quarterly.

M. Adelaide Nutting ("Responsibility of Trustees"), is the Director of the Department of Nursing and Health Teachers' College, Columbia University, New York, and was formerly Superintendent of Nurses and Principal of Training School of Johns Hopkins Hospital, Baltimore, Md.

S. Lillian Clayton ("The Responsibility of the Training School for the Education of the Public Health Nurse"), recently appointed Educational Director of the Illinois Training School, Chicago, was Superintendent of the Training School of Minneapolis City Hospital from 1911 to 1914, and was for seven years Assistant Superintendent of Hospital and Training School, Miami Valley Hospital, Dayton, O.

Contributors to the July Quarterly.

(Continued.)

Roger N. Baldwin ("Civic Control of Public Health Nursing"), is the Secretary of the St. Louis Civic League, a citizens' organization for good government, composed of 2,000 men and women. Mr. Baldwin was formerly Chief Probation Officer of the St. Louis Juvenile Court, and head of the Department of Sociology at Washington University.

William Alexander Field ("Civic Control of Public Health Nursing"), has been General Superintendent of the South Works of the Illinois Steel Company for the last eleven years and in that capacity is the executive head of an organization of about 9,000 men, whose training and development have given this steel plant the name of "University of South Chicago."

Arthur H. Young ("Industrial Welfare Nursing"), Supervisor of Labor and Safety, Illinois Steel Company, South Works, South Chicago, presents his subject from the viewpoint of a business man who has detailed responsibility in safeguarding the lives and health of the employees of a large industrial organization, famous for "safety first."

Caroline Wilks ("An Effort to Reach the Public"), is the Staff Superintendent of the Instructive District Nursing Association of Boston, and was for nine years Assistant Superintendent and Principal of the Training School at Salem Hospital, Salem, Mass.

Annie Earley ("Pietro" and "159 R..... Street"), is Supervising General Nurse in the Providence District Nursing Association.

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THE Public Health Nurse Quarterly

A Magazine published in the interest of Visiting Nursing, and dealing with the many phases of the Nurse's work in the Districts, in the Anti-Tuberculosis Crusade, in the fight against Infant Mortality, and in other Social and Medical Activities.

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MISS LILLIAN D. WALD

First President of the National Organization for Public Health Nursing—
now its Honorary President

The Public Health Nurse Quarterly

Vol. VI.

JULY, 1914

No. 3



Editorials

I.

Conferences and Conventions

We have all noticed that every National Convention seems to be followed by a period of stimulation and rapid growth. The coming together of a number of people in the interests of some particular cause furthers these interests in a very remarkable manner and more than justifies the time and sacrifices of various kinds which attendance at these general meetings involves. The deliberate act of coming together for a distinct and common purpose undoubtedly acts upon the mind in a way to make it peculiarly attentive and receptive to every impression which can be of value to the subject under consideration, while the warmth generated by the assembling of numbers breaks down those barriers

which so constantly tend to separate man from his fellow worker.

As an example of the very great effect which a congress may have upon public opinion, we would mention the emphasis which the International Tuberculosis Congress of 1908 laid upon the necessity of providing sanatorium treatment for a certain definite proportion of the cases of tuberculosis in a community if one would make headway against the disease, and the activity which took place all over our country in response to this emphatic, definite recommendation.

It may be that there is exceptional value in bringing extraordinary pressure to bear upon some one point which is capable of a somewhat uniform and practical demonstration everywhere.

In a reference to the first annual meeting of the National Organization for Public Health Nursing held in Atlantic City, Miss Mary Beard says that the emphasis was laid in 1913 on three points: "Neighborhood Nursing," by means of which nursing care will be as accessible to the man of limited means as to the man of no means at all—as accessible and also as desirable. As a matter of principle, she says, these nurses must collect the cost of each visit wherever there is money to pay for it, and the fees collected will be an index of the growth of this form of work.

The second point singled out for especial consideration was the necessity for a very careful study and close analysis of the result of care given to the cases on the diagnosis list in order to be able to come to a wise decision as to where time and effort might best be put. And the third matter was the field of Industrial Nursing with all that it involves in the way of co-operation along educational lines. On these three points then the 1913 Convention laid especial emphasis:

1. Neighborhood Nursing.

2. Close analysis of cases with a view of determining how to intensify one's service to a community.

3. Industrial Nursing.

It would be interesting to have a report on these heads from several of the larger Visiting Nurse Associations of this country, which in a certain sense might be called committees of the whole as represented by the National Organization for Public Health Nursing. That the findings of the first Congress served in part at least as a working plan for the past year in Boston is shown by the really admirable report of the Boston Instructive District Nursing Association for the year ending January, 1914.

Undoubtedly many other Associations have also made the National plan their own and we are sure that those which have so done have proven to the greatest extent the value which inheres in a National Congress and in a closely organized National Association. Perhaps it is too early yet to state with accuracy the exact bearings of the 1914 meeting. But when we shall have more fully analyzed and considered its character we shall have made the kind of ground which it is safe to build on and as individual associations we should commence to build.

II.

Miss Gardner's Address

The President of our National Association was not able to attend the last annual meeting because of recent severe illness, from which she had only just begun to be convalescent.

The address which she sent to the Convention was written at a time when she really should have put no strain upon her returning strength, and contains only a portion of all that she had in heart and mind to say to the members of the Organization. However, we feel that the very limitation of subjects treated makes the

central point of her paper stand out with greater strength and clearness.

Success stands ever in need of just that very searching out of its temper and quality which Miss Gardner so wisely counsels us to exercise in the matter of our own hopes and attainment.

We are glad indeed that Miss Gardner has consented to serve again as our President and only regret the loss occasioned by the absence of her very distinct and unusual personality from the meeting.

III.

A Full Year

We are saving our Secretary's Report for the August Bulletin because we wish to have it reach every member of our National Organization. From many sources we hear not only of the inspiration and support that she has been to Public Health Nursing in this country during the past year, but also of the pressure of work and responsibility which the increasing growth of the work has put upon her. That she has carried all this through to a successful issue is to us a proof that a valiant spirit and a sympathetic understanding, when mated to faith in the accomplishment of a great ideal, give one the strength of ten and make of the loaf of human endeavor enough to feed a multitude.

When the August Bulletin appears we feel sure that all members of the National Organization for Public Health Nursing will also appreciate the work done by the Finance Committee and the various officers and committees of the association.

A great deal of hard work has been done during the past twelve months and no day has seemed long enough to give opportunity for the doing of more than a small part of what seemed necessary to do. Everywhere the work has met with recognition and success, and every

month has revealed more fully the great need of a National Organization for Public Health Nursing.

IV.

Industrial Nursing

Even though we have outrun our editorial space, we must say one word about the very valuable papers contributed to us by men interested in nursing as related to the needs of industrial nursing. We are indeed glad that such men will attend our congresses and give us an opportunity of entering into their ideas and helping them solve some of the difficulties that beset both employer and employed when sickness alters and complicates their working relationship.

We hope that the addresses which were given at the Convention, and which we publish in this number of the Quarterly, will show how thoughtfully all these questions are being considered and what time and pains are given to their solution.

V.

The Menace of Undesirable Human Stocks

In the next number of the Quarterly we are to publish a very valuable article by Miss Amelia Sears on the feeble-minded and mentally defective members of society.

In the light of that very remarkable book, "The Family and the Nation—A Study in Natural Inheritance and Social Responsibility," written by Mr. and Mrs. Whetham of England (Longman's, Green & Co.), we cannot but acknowledge anew a heavy responsibility in the case of such defective stocks as are allowed to flourish in our midst. Most truly do Mr. and Mrs. Whetham say that "the character of a nation is but the average character of the individuals composing it. If one section of the community reproduce itself faster than others its essential qualities hasten with ever-increasing speed

to permeate the whole, the qualities of that section become the dominating qualities of the race, and its peculiarities become the normal characteristics of the nation."

We have hardly asked ourselves, as yet, the cost in toil and money which is laid upon us merely in the undoing of the mischief which abnormally defective beings cause during their own lifetime, let alone any computation as to the unutterable evils engendered by the perpetuation of such defective strains of human life.

Chicago seems to have awakened to the menace which this class of undesirables present when left without guardianship or restriction to live their own lives according to the immoderate and freakish impulses of disordered instinct and understanding.

Does anyone know even approximately how many active and intelligent men it takes to make good to a community the harm caused by one feeble-minded person at large and at liberty in its midst?

Perhaps, as matters now are, we are struggling against an impossible handicap, which will cause our wheels to go round and round, but not on.

One Visiting Nurse's Impressions of the Conference

ELIZABETH G. FOX

It is hard to compress into a few pages a description of the countless valuable meetings of that richly fruitful week in St. Louis, and it is even more difficult to determine what constituted the high lights, and whether the most help was derived from the splendid papers delivered at the joint sessions, the more informal but ardent and spirited section meetings, or the impromptu discussions across the table or late at night of small groups interested in some particular topic.

Because of the arrangement of the program it was possible, if one desired, to attend almost all of the meetings, and in so doing to secure the cream of the program of each organization. Instead of being confined to one subject as in former years, a nurse might pass from a Public Health session, to a League discussion of curricula, and a little later hear all three associations discussing in a joint meeting some problem important to all.

The interest shown by the majority of the nurses in the entire program was everywhere evident, and many of the section meetings had almost as large an attendance as the general sessions, with an audience made up of representatives of all three organizations in equal numbers. Many of the sections called forth very warm discussions and were only terminated, and then most unwillingly, when Miss Stimson sternly announced that the next meeting to be held in the same room was already overdue, and many nurses were waiting in the hall to be admitted.

That nurses, whatever their own branch of the profession may be, are genuinely interested in public health

nursing was plainly demonstrated by the large and eager audience attending all the Public Health meetings. And when at a special, crowded meeting, called by Miss Delano to discuss Red Cross nursing, she put the question, "How many in the room are enrolled in the Red Cross?" every nurse must have felt a thrill of mingled pride and patriotism when all but a meager dozen promptly rose. At the end of the week the tired nurse, who had eagerly pursued one meeting after another all day and every day, scarcely taking time to eat or sleep, felt as if she had been attending a full post-graduate course in nursing condensed into one short week. Her brain had indeed reached the point of supersaturation, and needed a period of rest, that the froth might evaporate and the more weighy matter crystalize and settle to the bottom. But in spite of her fatigue, she felt abundantly repaid for the sacrifice she had made to remain through the entire week.

A noteworthy characteristic of the convention this year was its range of interest and inclusiveness, the fifteen hundred names on the register being not only those of nurses, but also of doctors, business men, directors of boards, members of other social bodies, and representative of municipal, state and federal government. Those outside of the nursing profession came because of a direct and earnest interest in the part that our profession is playing in helping to solve some of the big problems of the day. They came, some of them to learn, some to express appreciation, some to help clarify our perplexities, and some to point out our very responsible position in the social-economic world, and to yoke our efforts with those of others toiling up the same hill toward human betterment.

Perhaps one of the greatest lessons learned in convention was that of "relative values" which, according to Dr. Hoffman, is the most important of all sciences. Gradually the harassed nurse, overwhelmed with the

complexities of her own task, lost the sense of its isolated importance and gravity and conceived it in truer proportion and relation to the whole field. It no longer was a single, unrelated, puzzling and at times disheartening undertaking, but became instead a common problem, which many were attacking and solving in different ways, and from whose collective experience many valuable lessons could be learned. It also became an integral part of the whole big scheme of things, and its importance as a link in the chain superseded its former solitary insignificance. Very remarkable was the similarity of results attained from a great diversity of methods and plans on which the various visiting nurse associations were built. Each association had grown to meet local needs and thus differed from its neighbors, but from each one many very suggestive ideas could be taken and adapted to the needs of some other one. Questions which had seemed to defy solution in the solitary confinement of the home office, here were readily solved by the help of some other nurse who had been through the same experience.

Very noticeable was the splendid unity of purpose and action displayed by the three organizations in their relations with each other. The central topics which occupied all three alike were the standardization of nursing and nurse training schools, and the readjustment of curricula to include the preparation of students for public health nursing. Conceding the fact that the public health nurse requires an extensive and special education much broader in scope than that usually obtained in training schools, the great question became that of finding the best means of securing this necessary preparation with justice to the student, the hospital and the public. One could hardly blame the distressed superintendent of a training school for her sober comment that it was not an easy job to be a superintendent in these days, after hearing several public health leaders outlining the train-

ing they deemed important to fit a nurse to carry on any one of the special branches in which they were interested. And, on the other hand, one's sympathy went out to the superintendent of the visiting nurse association, vainly trying to adapt a nurse trained only for hospital or private nursing, to the utterly foreign and complex public health field. Realizing both sides of the situation, there was a fine spirit of co-operation evidenced by the three organizations in an effort to describe the essentials, and to authorize a standard curriculum, which would be possible of accomplishment in the training school and yet would in some measure meet the demands of the public health situation.

A very warm welcome was accorded the news that within the coming year two much needed text books will be published. A handbook on general visiting nursing, written by our vice-president, Miss Edna T. Foley, Superintendent of the Visiting Nurse Association of Chicago, and her supervisors, will fill a long felt need and is awaited with much impatience by visiting nurses all over the country. Those groping blindly in the maze of problems surrounding tuberculosis nursing, will welcome with delight Miss Ellen La Motte's book, a review and history of tuberculosis nursing in this country. Very much enriched is our literature by the addition of a monograph entitled, "Florence Nightingale, An Appreciation," by Mrs. Arthur Aldis, President of the Visiting Nurse Association of Chicago. The proceeds of the sale of this address, which Mrs. Aldis has presented to the National Organization for Public Health Nursing, will be given to the Florence Nightingale Fund.

An accomplishment of permanent and great importance in the solving of public health problems was the presentation of a standard of statistics to be compiled by the public health nursing organizations throughout the country, thus giving a uniform, accurate and comparable body of statistics; and the adoption of a

standard record form by the National Organization for Public Health Nursing. Mr. Frederick L. Hoffman, statistician of the Prudential Life Insurance Company of America, presented a very illuminating paper on this subject and has been of great aid in working out this standard of essential and practical statistics, as has also Dr. Lee K. Frankel of the Metropolitan Life Insurance Company. The following nine items—sex, color, age, conjugal condition, diagnosis, occupation, birthplace, number of visits and the condition on discharge—have been determined to be the most essential vital statistics, and ones that can and should be collected by all visiting nursing associations. The Committee on Records and Statistics has requested that all public health nursing organizations collect at least these nine items, beginning with their next fiscal year. It should be possible to deduce some intensely interesting and important facts concerning the morbidity of this country from these statistics.

In a splendid session devoted to mental hygiene, Miss Amelia Sears, Director of the Cook County Department of Public Welfare, Chicago, emphasized the point that the problem of the subnormal had long been a stumbling-block to social bodies, and that the entire social program of relief agencies fell before the problem of the moron and the migration of the mentally subnormal from the ranks of the independent to those of the dependent, this because until very recently there has been no proper understanding of the subnormal and no facilities for handling them wisely. She instanced many cases of difficulty in keeping a family up to any standard of living, when the mother was mentally incompetent and, therefore, unable to understand and cope with the situation. Miss Elenora Thompson, Agent of the Illinois Society for Mental Hygiene, Chicago, in a report of the work of the Committee on Mental Hygiene, said that nurses could be important factors in a cam-

paign of education, but disclosed the fact that very few states or cities had awakened to the possibilities of the nurse in this direction.

The large and deeply attentive audience given the section on Industrial Nursing disclosed the remarkable growth this form of public health nursing has made in its short period of existence. That this industrial nursing may soon become a very large constructive measure in the economic program of the whole industrial world is not a rash prophecy. The papers read at this session by Mr. William A. Field and Mr. Arthur H. Young of the Illinois Steel Company, were profoundly convincing of the far-reaching value of this form of industrial welfare work. The reports of Miss Eva L. Anderson of Chicago, Chairman, and Miss Agnes McCleery, of the Ed V. Price & Company of Chicago, were received with great interest.

The eyes of the newspapers were focussed on the section on midwifery, Miss Caroline Van Blarcom of New York, Chairman, because of the exceptions taken by some of the St. Louis midwives to the general statements made decrying the deplorable conditions surrounding the practice of midwifery in this country. Miss Clara D. Noyes, Superintendent of Bellevue Hospital Training School, New York, announced with much pride that Miss Van Blarcom, Miss Jane Hitchcock, Miss Traverse and herself were all registered midwives in New York, having taken the course in midwifery given by Bellevue Hospital, the only training school in the country devoted solely to training midwives and affiliated with a reliable hospital. Dr. Fred J. Taussig, of the Washington University Medical School, described the school for midwifery to be established by the Medical School, admission to be limited to graduate nurses only.

Mention cannot be made in this brief paper of all the interesting and important events of the convention. Nor can the things of the spirit that permeate such a.

conference and constitute a great part of its value be translated into words. To secure the very real and lasting help of convention, one must attend, and in the long run it is false economy and an injustice to oneself and one's work to remain away. Hitch your wagon now to the star of California, and next summer you will not have to read inadequate reports of the convention, for you will have been there and will have experienced those things which no report can hope to describe.

President's Address

MARY S. GARDNER

At this, our second annual meeting, we wish to bid a hearty welcome to every member of the organization and also to all of those who are not members, but whom we are so glad to have with us today. May I take for the text of the few words I want to say to you a simple jingle familiar to everyone, but containing as does so much of the poetry by the same author the suggestion of a truth we would do well to ponder:

Little Jack Horner
Sat in a corner,
Eating his Christmas pie,
He put in his thumb,
And pulled out a plum,
And said what a good boy am I.

This young man so well known to fame is typical of most individuals at a certain period of their life, and his attitude of mind, though perhaps amusing to those who have long since passed through that particular period, is not an unhealthy or an undesirable one, provided—and let me lay stress on the word “provided”—it is typical only of a passing phase of life.

The grown-up Jack Horners seem, unfortunately, after a time content to stay in their corners, omitting to put in their thumbs, and though without that effort there is of course no plum, that fact does not prevent their going on through life reiterating the statement that they are good boys.

I think the life of every movement has in it many points in common with that of an individual and the public health nursing movement is no exception to this general rule. We have passed through the stage of helpless and half unconscious infancy and by the very in-

auguration of this national organization have signified that we have reached an age when we are capable of looking both forward and backward intelligently. Let us do so now, and when we have done so, let us spare one further moment to the equally important task of looking within.

Two years ago this organization sprang into existence in Chicago with so much spontaneity and enthusiasm as to encourage those who were present and had followed the steps leading to its formation to feel assured that it was needed and to have high hopes for its future.

During the first year, under the presidency of Miss Wald, a woman standing among the first in the country for wisdom of counsel, we accomplished the establishment of headquarters in New York and the appointment of an executive secretary. Also, through the generous kindness of the Cleveland Association, we came into possession of an organization magazine.

Our rare good fortune in securing Miss Crandall for the position of executive secretary has perhaps been shown pre-eminently in two ways: she has found so much to do that it has sometimes been a question whether or no she alone could meet the demands made upon her time; and in all the multiplicity of these demands she has succeeded in causing us to live in love and charity with our many neighbors.

As to the effectiveness of our work: Are we fulfilling our destiny as expressed in the article entitled "Object" of our constitution? Frankly, though there is so much that we see undone and so many avenues of usefulness we have not as yet entered upon, I feel we are upon the right road and are at least struggling bravely to meet the responsibilities laid upon us. You will judge from the report of the Executive Secretary how far you are able to agree with me.

As regards the future:

This is an age when so much stress is everywhere laid upon efficiency that the very force of public opinion acts as a lever to raise the standard of good work in all undertakings, and the National Organization for Public Health Nursing, if open-minded, cannot fail to profit by this public demand; but is this enough?

No one can read Miss Nutting's and Miss Dock's History of Nursing without being struck by one historical fact: most of the great nursing movements, inaugurated at whatsoever time and in whatsoever country, have passed through a period of decline and deterioration. If we look for the cause it is found in the fact that the spirit of single-minded faithfulness of the founder has been lost, or has grown weaker. That this should happen in the modern nursing movement was the never-dying fear of its founder, Florence Nightingale.

I think perhaps the public health nurse is peculiarly tempted to what may be called the Jack Horner attitude. Her work, if it is at all good, receives much appreciation and recognition, and she is able to see after a few years of labor very tangible results. It is not unnatural that as plum after plum of such results is pulled out she should occasionally feel that, after all, she is a good boy. Along this road lies danger.

The young and joyous attitude of mind which sees cause for rejoicing in all that occurs and which, with real simplicity, takes personal pleasure in achievement is perhaps harmless, but only in rare individuals of unusual temperament can this young simplicity be retained. With most of us pride or pleasure in personal achievement leads to a self-satisfaction which means death to the things of the spirit.

Only through true humility can we avoid the fate of these earlier nursing movements which, when the workers failed to give to them a selfless devotion, quickly deteriorated and became useless, or, in some instances, even stumbling-blocks in the path of progress.

I see signs that the public health nurse is in danger of becoming the fashion. I use the word "danger" advisedly. The nurse's popularity is a power in that it facilitates the financing and the carrying on of her work, but for herself she may well envy the pioneer in this field of nursing, whose simple service to mankind met with so little recognition that she was exposed to none of the temptations which we of the present day must bravely meet and resist if we are to fight the good fight successfully.

And it can be done, because it is being done. All over the country are nurses and managers who see only the need and whose quiet devotion may well be an example to all of us.

Suffering, weakness and helplessness bring out those qualities of sympathy, tenderness and desire for service which can so fill our lives as to leave no room for the personal satisfaction which makes the Jack Horners of this world feel that they have already done well.

Practical Statistics of Public Health Nursing and Community Sickness Experience*

FREDERICK L. HOFFMAN

Permit me to express to you at the outset my appreciation of meeting with you on this memorable occasion. I have been astonished at your earnestness, your endurance and your crowded meetings during the last few days, considering the weather conditions, which are usually quite trying in St. Louis at this time of the year. I therefore want to congratulate you most heartily on your devotion to your duties, and at the same time express to you my high personal regard for the very useful work in which you are engaged.

I do not think I am going too far when I say that, next to maternity, which is woman's natural occupation or function, there is no field in which she has rendered greater service, nor one in which she is going to be more useful than that of private and public health nursing. Through the ages this has been strictly a woman's vocation, as you will find by reading the history of the women workers of the early church, the military nursing orders, and the biographical accounts of Elizabeth of Hungary, St. Catherine, and other women saints. At all times, within the limits of her knowledge and understanding, woman has rendered this service for the good of mankind, and at no time has she been compensated for that service for what it was worth to those benefited by the ministry of her self-sacrifice.

We are at present confronted by a national emergency on account of our difficulties with Mexico, which

*Address delivered at the Second Annual Meeting of the National Organization for Public Health Nursing, April 25th, 1914.

may eventually lead us into war. The call of duty, which first goes out to the men who are bound to render service to their country on the battlefield, also goes out to the women, who minister to the needs of the wounded and the dying. In every war in which mankind has been engaged, women, on the one hand as nurses, and on the other as mothers, rendered greater service and made greater sacrifices than those who, as soldiers and sailors, gave their lives in behalf of a cause which they believed to be right. There never was a time when women rendered such efficient service in consequence of previous training as they render today by intelligent co-ordination to the needs of a situation of ever-increasing complexity. The title of the trained nurse stands for efficiency, which is the keynote of our modern life. It is for that reason that the person ill-trained but of good intent so frequently fails in serving the best interests of the individual and society. If motherhood could be made to rest upon the same principles of training and discipline as the visiting nurse service, an incalculable amount of good would result to the next generation. If any human being has a right to be fully protected against needless risk, it is at a time when a woman gives herself without reserve to the service of the world so that there may be another generation to carry on the world's work. It is to the expectant mother that the trained nurse renders the finest and most useful service, immeasurably superior to that of the usually ignorant, though well-meaning, untrained attendant or untrained midwife.

I am requested to refer briefly to the objects and purposes of the American Society for the Control of Cancer. I may say in behalf of that society that we are convinced that the associations of trained nurses, and the training schools for nurses, can be of inestimable service in spreading the necessary knowledge about malignant disease, which causes the more or less preventable deaths of many thousands of women each year.

Many of these deaths are from cancer of the breast or uterus, and the estimated number of women who die from these two groups of cancers alone is about 18,000 per annum. In our campaign for the control of cancer we need all the help which can be enlisted in this important and humanitarian movement, but we particularly need the aid of trained minds which can bring the necessary knowledge to those who are most in need of definite instruction. We would like for you to aid us by bringing to your patients of every class and kind the importance of the earliest possible symptoms and the necessity for the best possible medical and surgical advice. We want you to teach that cancer, in its origin, is always a local disease, and that if taken hold of in the beginning there is a reasonable chance that, by a proper surgical operation, the disease-producing mass can be removed. The proof requires to be brought home to the people that there is a reasonable hope for a cure in cancer, or at least for the prolongation of life by surgical means, if the disease is taken hold of in the very earliest stage. Finally, we want you to aid us in our effort to guard the public against blind faith in alleged cancer cures, or alleged forms of treatment, which are a wicked delusion and a snare. Recalling to you that approximately 75,000 persons die in this country from cancer every year, and that malignant disease in its terminal stage is one of the most awful afflictions of mankind, we hope that before you adjourn you will give to the aims and objects of our society your official, unqualified and hearty endorsement.

Public health nursing has become a co-ordinate function of every well organized public health organization. The aims and objects of your organization are concisely summed up in your official circular emphasizing the principles of *consecration to community service*, which is but the equivalent of efficient aid rendered to the many instead of to the few. The best proof of the business side

of your work is brought out in the increasing amount of support which you derive from large industrial corporations which realize the practical need of an infirmity service, or a visiting nurse service, for the benefit of their employees. But you are entitled to much more general and generous financial support than you are receiving at the present time. No movement of this kind can be expected to render the best possible service to the community if made to rest only on the slender financial support which your own members can give to it. After most careful consideration of all the available information regarding your work, I am absolutely convinced that, on the records of your achievements, you are rightfully entitled to the good will and generous aid of those who, because of their wealth and position, are best able to assist you in a pecuniary way.

As all of you know, one life insurance company has established a visiting nurse service as an aid to its industrial policyholders. That is a most important experiment and one which, it is sincerely to be hoped, will prove a success. It is also to be hoped that it may be found practical and feasible in course of time to extend the service to all the policyholders of that great company, for at present, as you know, but a relatively small proportion of persons are reached by the service, which has been in operation for only a few years. According to an official report of the Metropolitan, out of 9,857,780 policyholders, 131,090 persons during the year 1912 made use of the visiting nurse service, established in 637 centers of population and rendering aid to the extent of 962,133 calls. As yet this effort must be considered an experiment, the advantage or expediency of which is a question for each company to consider in its own way. Life insurance companies are under contractual obligations to the insured and they cannot afford to take a step forward, however well intended or well considered, as long as there is a reasonable doubt as to whether the experi-

ment can be successfully carried through. Life insurance companies are not philanthropic institutions, but they are corporations by law established to carry out contractual obligations, supplementary to which they may properly make concessions to their policyholders out of such surplus funds as may properly be held to belong to the insured.

Life insurance companies are rightfully expected to render the largest share of possible service to the community in the furtherance of any and every effort which makes for the improvement of health and the prolongation of life. Much of this service cannot be reduced to a money basis, but of course if a corporation is in business, and most of all so important a business as life insurance, it has to count the cost. As regards industrial corporations, I am absolutely satisfied that the small cost of a visiting nurse service has paid for itself over and over again, if only in the consciousness on the part of the directors that they have left nothing undone to render the right kind of community service demanded by the moral standards of today.

The time has gone by when business was merely the making of money, and even of corporations much more is expected, and rightfully so, than that they simply discharge their corporate functions in conformity to their charter or deed of settlement. Railway companies, street-car companies, telephone companies, gas companies, etc., are no longer merely business institutions in the old-fashioned sense, but they are public service institutions, and in all that affects their interest the first consideration is the public good. A large part of that public good is the health and the well-being of the men who do the work. Today the first consideration in all American industries is the strength and safety of the men and women who do the work, so that these industries may be carried on. No greater charge or reproach can be brought against a business interest than that it

is an industry injurious to health or that it is subject to an excessive death rate from preventable causes. The state properly intervenes and demands that the best possible health conditions for the benefit of the workers shall be maintained, and in the carrying out of this policy a public health nursing service is absolutely indispensable.

The first requirement of corporations, next to conformity to their charter rights and privileges, is accountability for the manner and the way in which their functions are carried on. Corporations are supervised by the states and the federal government in a multitude of ways, in order that the community may have a reasonably thorough understanding of the nature of the service rendered and its cost. The same conclusion applies to associations like your own, which, to an increasing extent, are required to render an intelligent annual account of their finances and other activities. You will realize this more as time goes on, for, though you may report only at first to your board of directors, you are in duty bound to consider that your local work is but a part of a larger whole. In other words, the reports of any and every association can and should be made useful for the larger purposes of the movement for public health nursing, and for this reason it is absolutely necessary that you render an intelligent, faithful and comprehensive account of what the association has done. In the rendering of such reports it is absolutely indispensable that you should adopt, as far as practicable, uniform methods of reporting, so that one account may be intelligently comparable with another. At the present time such uniformity is sadly wanting. There appears to be not even an attempt at standardization, and most of the terms used are wanting in concise definition. There appears to be no clear conception of the facts of greatest practical value, nor the manner in which the facts collected or the experience gained should be presented, first, for

the information of the board of directors, and then for the information of the community at large. It is, therefore, quite difficult to arrive at an intelligent understanding of the aggregate functions performed by public nursing associations at the present time.

There are wide variations in the dates of the year for which the reports are made, when it is obvious that every such report should be for the calendar year ending with December 31st. Just because an organization was started on, say August 1st or September 3rd, is no reason why from year to year the annual report should be made to coincide with the original date of commencing business operations. I would therefore most strongly suggest to you that, as far as practicable, you adopt the calendar year in reporting the results of your activities, so that the reports of one association may, in point of time, be properly comparable with another. It would carry me too far to go into all of the details of your statistical problems, for they are many, and some no doubt are quite difficult. Your own deliberations on forms and blanks are evidence that you fully realize the necessity for standardization and far-reaching statistical reforms. Your records, after all, are the only method by which the nature and extent of your work can be intelligently brought to public attention. By adopting well-considered instead of hastily adopted blanks and forms you will find your difficulties reduced to a minimum. If you will only continue to reason about it, and, one by one, eliminate the points of friction, you will soon obtain a basis of common agreement which will enable you to keep account of what you are doing at a minimum of labor and cost.

There is entirely too much longhand reporting on your blanks and forms, and there are too many trifling observations or remarks about details, which cannot possibly have any permanent value. It is a wrongful waste of a nurse's time to require long reports in writing

after she returns from her calls. The practical test lies in the answer to the question as to what has been done with the vast amount of general information collected in the past, and you will find, as a rule, that nothing has been done with it, but, much to the contrary, the cards and elaborate blanks only fill up space required for other needs. What is wanted is not more information but a concise summary of the case, which it should be part of the nurse's training to express in as few words as possible on a card intelligently framed to present the salient points beyond the chance of serious misinterpretation. No nurse should be expected to spend an hour or two in the writing out of reports on her work, when the main object of her function is to do her work. It would be much better for her to use the time for rest and recreation, so as to render better service to her patients, which, after all, is the main consideration.

But the making of reports is a part of the nurse's work as much as every physician is required to fill out accurately and completely standard certificates of births and deaths. Every physician is also required to keep an account of his cases, so that the facts of his treatment may be made use of if required to determine whether the patient was treated rightly or wrongly. The function of the visiting nurse, like that of the physician, is a public one, and for this reason includes the imperative duty of accountability. It is therefore to be hoped that the proposed standard forms and blanks will be most carefully considered, so that they may serve the purposes of the organization and enable it at the end of the year to make public a full account of what these useful organizations are doing, and the cost of the service rendered to the community.

As a rule, there are entirely too many questions asked on the cards and blanks, although it is well known that only a few questions can be intelligently and successfully correlated to each other. To correlate or co-

ordinate a large number of questions is a mathematical and statistical impossibility. It is for this reason that so much, if not most, of the mere information collected serves no practical purpose whatever, though it has cost a large amount of labor and money to bring it together. It is, therefore, of the utmost importance that the questions which you ask of your patients, or the replies which you are required to make as regards your own service, should be as few but as definite, accurate and truthful as possible. Mere details of a general nature will never help you in your effort to improve the work of your associations or to render better service to your patients. The blanks and forms under consideration are, on the whole, admirable and free from useless information. No such cards and blanks can take the place of a case record, but even individual accounts of patients should be condensed as much as possible, since no physician will have the time to read an elaborate report, written more or less illegibly in longhand and perhaps on both sides of a sheet. No physician can utilize such a mass of information for either the good of the patient or the improvement of the nursing service. You should give, of course, the age of the patient, but the date of birth seems unnecessary except for infants under one year of age. You should leave out the word "Nationality" or "Nativity," both being liable to misinterpretation, and use instead thereof the term "Country of birth." If you wish to enlarge upon the nativity problem, ascertain the country of birth of the mother, which is in conformity to the census vital statistics for 1890 and 1900.

As regards the race, you should state the facts as to whether white, negro, Mongolian or Indian, and perhaps as regards religious belief the general facts as to whether Protestant, Catholic, or Jew are desirable, though frequently, after all, not very useful for statistical purposes.

The occupation question is one of much difficulty, but it is best to give the general occupation followed, rather than employment temporarily followed by the patient just previous to his sickness. It is best to ask the two questions, in conformity to the standard death certificate, namely, first, the industry engaged in, and second, the occupation actually followed—or, in other words, the nature or specification of the work actually done. There are many occupational terms which are misleading in that they apply to different industries, and it is therefore of importance to ascertain both the industrial group in which the patient is employed and the occupation actually followed.

In a comparison of the work of visiting nurse associations it is necessary to keep in mind that each local association has developed in consequence of special conditions, which are probably never the same in any two localities. Each such association, as a rule, renders service to a different class of people, and no such experience data are, therefore, strictly comparable unless subjected to a thorough analysis on the basis of standardized methods resting upon standard or uniform records or cards. It would, for illustration, be utterly impossible to actually compare the general experience of the public nursing organization in Chicago with that of New Orleans, since these two cities have totally unlike populations, including, on the one hand, badly congested centers with populations from the south of Europe, and, on the other, an immense area covered by one-family houses inhabited by a population largely colored or Creole—that is, of French and Spanish origin—living under more simple economic, but more complex climatic conditions, etc. In Chicago a nurse may have her visiting service limited to a single large block with a vast population, whereas in New Orleans a nurse would have to cover a large area, and cover three or four times the distance in walking, which time, of course, could not be

utilized for nursing purposes. To compare the nursing service of the two cities without a knowledge of local conditions would, therefore, be quite misleading.

There are other possibilities of errors in comparing the nursing activity at the present time on the basis of the public reports. For illustration, the association in Baltimore makes about six calls to a patient, the one in Boston makes ten, but the one in Chicago makes only three. It is quite probable that there are errors in the facts as reported, or that, in other words, the reports are made in a fundamentally different manner in the three cities referred to. In Philadelphia the number of calls to a case is eleven, against six in Baltimore, but this would not warrant the conclusion that Philadelphia is rendering nearly twice the service to the patient that is rendered by the Baltimore association. In fact, considering actual numbers, the Baltimore association reaches over three times the number of patients taken care of by the Philadelphia association. This brings me to the point of relativity of service, that is, the amount of service rendered proportionate to population. In Baltimore the number of patients cared for by the local association was 15 per 1,000 of population, against only 4 for the much larger city of Philadelphia. In dealing with these facts we are obviously dealing only with mere statistics and not with the truth of the actual situation. This is not as it should be, but there can be no material improvement until standard forms and standard blanks, and standard methods of tabulation are adopted by at least all the principal associations.

There is no more convincing argument than an appeal to the facts of your own experience, provided the same are made thoroughly intelligible to any person of average intelligence. Your experience may prove that you are reaching only a small proportion of the population, than which you could make no better appeal for increased public support. Your experience may prove

the contrary, that you are reaching a large proportion of the afflicted and needy and thus made to prove that you are entitled to a continuance of the financial support extended to you in the past. You will frequently find that your statistical data, correlated to the population affected, will prove the most convincing argument which you can make in your appeal for the financial support and active co-operation of those who are directly interested in your work. Among the factors which affect your local experience will be the proportion of children taken care of. The demands made upon your association will, of course, be proportionate to the local infantile death rate, or prevailing morbidity rate from the acute infectious diseases, which vary widely in relative frequency in different localities. Your annual report ought, therefore, to bring out the age distribution in your patients in groups, say under 1, 1-14, 15-44, and 45-over. Such data can readily be correlated to the corresponding distribution of the population, and you can show without difficulty the proportion of population reached by your service. Your report also ought to show the number of maternity cases taken care of, since the duration of such cases varies considerably from typical disease cases such as cancer, tuberculosis, typhoid fever, etc. Descriptive accounts of individual cases should not be made use of more than is absolutely necessary and essential. They are but a passing phase in the experience of an association, and while they may arouse a sympathetic interest, they are of small value in securing continuous and substantial support. If you can point out, for illustration, that you are providing a trained nursing service for say 10,000 children, or say 5,000 pregnant women, you are making an unanswerable appeal to facts which cannot be explained away. Such an appeal will go much further than an extended account of a single interesting case, brought forward to appeal to morbid sentimentality, rather than to the trained

intelligence of those humanely inclined to further your work.

In the Chicago association, of the cases dealt with, 43 per cent. of the patients were children, against forty-nine per cent. in the experience of the Henry Street Settlement of New York. There are other associations where the proportion of children is less than one-third. In the Chicago experience the proportion of maternity cases was eight per cent. of the new patients, against thirty-seven per cent. of old and new patients in the experience of the Boston association. Proportionate to population, therefore, this element must have received decidedly better attention in the one city than in the other. It is much to be regretted that trustworthy statistics of this kind should not be available for at least all of the large associations, but in this respect your present position is not more discreditable than that of many of our large hospitals, for which also no adequate and comparable statistics are to be had. There is here a vast opportunity for far-reaching reforms which, it is to be hoped, you will give the support of your trained intelligence in differentiating the useful in matters of this kind from the useless.

Every hospital, as well as every visiting nurse association, should consider itself strictly accountable to the community for the work with which it is charged. The one notable exception to my criticism of hospital reports is the Johns Hopkins Hospital, of Baltimore, than which no institution in the world gives a more intelligent publicity to the general facts of its experience. The experience data of that institution can be intelligently correlated to the population statistics of the community, chiefly, of course, the four elements of white males, white females, colored males and colored females. The varying distribution of these four elements considerably affects the experience of any institution operating in a community with a large negro population. The prac-

tical value of such correlation data is brought out by the statement that, in proportion to population, the admission rates to Johns Hopkins were, 80 per 10,000 for white males, 70 for white females, 100 for colored males, and 135 for colored females. In other words, the startling fact is disclosed by this analysis that, in proportion to population, the admission rate for colored women to the Johns Hopkins Hospital is twice the admission rate for white women.

The analysis can be conveniently extended to causes of admission, and it is shown, for illustration, that colored women had an admission rate on account of tumors of 17 per 10,000 of population, against a rate of only 7 for white women. Investigations for recent years prove conclusively that cancer of the uterus is much more common among colored women than among white women, and the experience data of the institution referred to are, therefore, of practical value in the study of an important phase of the race problem. There are no convincing reasons why every other large hospital in this country should not publish annually the results of its experience in an equally useful and convincing form. The only explanation for the present condition of chaos and waste is that the public conscience has not been awakened to the point of demanding from these institutions an intelligent account of their activities. The same argument applies to your own associations, the work of which is so intimately connected with the successful administration of the hospitals and other institutions rendering a medical service to the community.

One important omission on your record card as at present in use is the required information as to the cause of death. Quite frequently the patient does not die of the disease on account of which the initial treatment was commenced. A patient may originally have been treated on account of an accident, but die of pneumonia. A pregnancy case may terminate in tuberculosis. Full in-

formation in each and every case as regards the true cause of death is of the greatest practical importance. There can be no question of doubt but that the original diagnosis is often superficial, faulty, and even seriously erroneous. Such errors should in all cases be corrected in the permanent diagnosis, at least as regards the cause of death.

The only complete experience data for a visiting nurse association of which I have knowledge is the Henry Street Settlement in the city of New York. The facts revealed by the analysis of that well-known institution are extremely interesting. They have not been published, but it is to be hoped that the data will be made available for the information of those seriously interested in the improvement of your records. If we had such statistics for a number of associations we would have a most useful basis for the study of the larger problem of community sickness. It would be possible to estimate approximately the amount of sickness at least among wage-earners, with regard to which we have practically no information at the present time. We can only arrive at an approximate estimate by the use of German or Austrian data, which after all may not be applicable to this country. According to the Austrian compulsory sickness experience for the five-year period ending with 1910, the sickness rate per cent. of the membership was 43.5 for males, and 35.2 for females. The rate naturally varies according to age and occupation, not only as regards the rate of frequency but also as regards the average duration, which from a financial point of view is of considerable importance. The average daily rate of sickness, according to the Austrian experience, was 25.8 per 1,000 per annum for males, and 29.2 for females, including the risk of pregnancy. The average number of days' sickness per member per annum for all ages was 9.4 for males, and 10.6 for females, including maternity cases. The average mortality rates were 9.2 per 1,000 for men,

and 7.5 for women. When all of the Austrian data are applied to American conditions, it appears that, on a basis of an estimate of 38,000,000 wage-earners for the year 1913 (including men and women), the approximate amount of sickness was 365,000,000 days, of which 289,000,000 represented the sickness of male wage-earners and 76,000,000 the amount of sickness of female wage-earners.

This is but a mere estimate, and yet it is probably entirely safe to say that approximately 1,000,000 wage-earners in the United States are sick every day in the year. The term sickness as here used is limited to illness causing incapacity for work.

If we had adequate sickness statistics for this country the public appeal for an adequate nursing service could be made many times stronger and more convincing than at the present time. It would then be less a matter of sentiment and more a matter of fact. If we could establish statistically the necessity for adequate nursing in necessitous maternity cases, we would not only render an important service to pregnant women, but we would materially aid in reducing the lamentable mortality in pregnancy, which at the present time amounts to over 15,000 deaths per annum. This is unquestionably one of the most neglected phases of our modern public health movements. There is a most urgent need for an intelligent and convincing presentation of the facts. There can be no question of doubt but that by an efficient nursing service on the one hand, and by an extended use of proper institutional facilities on the other, a material reduction of the mortality in pregnancy could be brought about within a very short period of time. There is too much reliance upon leaflets and arguments, rules and regulations, and not enough attention to the mechanical factors which determine the death rate and which are largely within human control.

I cannot very well conclude these remarks without

a brief reference to the Henry Street Settlement experience data for the year 1911, which includes an extended statistical consideration of 18,553 cases, of which 17,369 could be utilized for the purpose of special analysis according to sex, race, age, nature of illness, and results. Of the cases considered, 30.8% were white males, 62.5% were white females, 1.3% were colored males, and 5.5% were colored females. In proportion to the estimated population of Greater New York these cases represent relative rates of 2.2 per 1,000 for white males, 4.5 for white females, 5.4 for colored males, and 19.2 for colored females.

Of the cases requiring a nursing service (for a considerable proportion did not), the mortality rates were 7% for white males, 6% for white females, 13.9% for colored males, and 4.3% for colored females.

The average number of visits to white males was 9, to white females 9, to colored males 10, and to colored females 11.

The average duration of sickness per case, or more accurately, the visiting period, was 12 days for white males, 14 days for white females, 14 days for colored males, and 15 days for colored females.

It would carry me too far to discuss the diseases treated, or the pathological or non-pathological conditions requiring a nursing service, but the facts regarding these will probably subsequently be published in full detail.

The experience data of the Henry Street Settlement afford the best possible concrete illustration of the work of an efficient public nursing service. They emphasize the urgency and practical necessity for the extension of this service to a much larger proportion of wage-earners than now have the benefit of the same. The social and economic results of such a service are out of all proportion to the cost. There is no direction in which practical and far-seeing philanthropy can be

more helpful to those who make a brave struggle to help themselves. No one familiar with the facts can, therefore, question the value to the public of a thoroughly well organized and adequately sustained public nursing service, and all who are genuinely interested in the welfare of the poor and needy must wish you God-speed in the work in which you are engaged.

I thank you for your very patient and considerate attention.

Responsibility of Trustees*

M. ADELAIDE NUTTING

When President Wilson said the other day, in one of his most delightful speeches, that in writing a paper he not only uses all the brains he has, but borrows all he can collect, he must, I imagine, have given a moment's satisfaction to a large number of people. I, for one, find it a genuine comfort to follow, at a great distance, his illustrious example and say at the beginning of this brief paper that I have used all the brains I have and borrowed all I could lay hold of, in the endeavor to say something worth your hearing on the subject of Hospital Trustees and the Training School. On this particular subject, however, it has not been possible to borrow much, because, beyond Dr. Howland's paper in "The Obligations of Hospitals and the Public to Training Schools for Nurses," little has been written dealing with the training school as a special problem in hospital administration, requiring in a very special sense the thought and care of the hospital trustees.

The best available material is that dealing with university trustees and it has been interesting and helpful to find out what is thought by men who have been closely studying the government of educational institutions. The late President of Harvard University, in his work on "University Administration"; Mr. Pritchell, in the Reports of the Carnegie Foundation; several eminent authorities in Professor Cattell's recent book on "University Control"—all deal in various ways with the province, responsibilities and powers of trustees. There is not much difference of opinion as to the kind of men who should fill this office, and the composite picture of

*Paper read at Annual Meeting.

a good trustee is of an educated man of affairs, representing the soundest element in the community, of good judgment, of deep interest in public welfare and of such unquestioned integrity that he will not profit personally by his trust.

There also emerge a few pictures of other types of trustees who obviously should not hold this high office. These arrive through political favor or personal ambition and use their trust to pay political debts or forward personal interests; or they are men of means whose gifts must be their sole contribution; or purely business men, who would apply rigid business methods to every aspect of life and work. Most boards appear to be made up of a combination of these types, and educational institutions do not seem to be much more free from this weak element than do the charitable institutions with which we shall particularly deal.

Of any such institution the trustees are the heads and the true source of power. They establish the policy, hold and manage the funds, appoint the officers and enact the rules and statutes; the final word and authority rests with them. They must start the machinery, study it and safeguard it in its workings, constantly examine its results and answer to the community for its failures. And there does not appear to be any straight way of evading or shifting this responsibility once it is assumed. It may be divided—usually it must be—but it is not thereby dissipated; each member is as responsible as the other for the whole. It may be delegated—it must be, in the control of great institutions; but the law will hold that the act of the agent is the act of the principal.

This view of the powers and responsibilities of trustees should be clearly understood by all heads of training schools, and those who anywhere are struggling with peculiar difficulties in handling the complex problems of training school work should not be under any misapprehension as to where the ultimate responsibility for

the training school lies. The superintendent of nurses is an agent of the trustees, the policy of the training school is the policy of the trustees, and squarely upon their shoulders rests the final responsibility for its success or failure. This fact does not in any sense lessen the direct responsibility of the superintendent of nurses for the adequate fulfilment of the duties she has undertaken for doing the very best she can with the materials at her command, but it does make it necessary that the trustees should have a correct understanding of what is actually happening in the school. It should be due to no lack of moral courage on her part, to no weak and silent acceptance of wrong conditions, when the trustees remain ignorant of matters concerning the training school about which they should be informed. The difficulty in the situation appears to be that in most schools there is no regular, direct means of communication between the trustees and the school. Such a committee of the board as is commonly provided in most educational and charitable institutions for all large and important divisions of work, is omitted, so far as the training school is concerned, in the organization of most hospital boards. Yet it is probably safe to assume that few boards of trustees act today upon anything, except business of a routine nature, which does not come to them through one of their committees, standing or special.

Now I have watched for years able and devoted men who as trustees have given generously their best in time and thought to the problems of our great hospitals, but I have long felt that this large and important division of hospital work, the training school for nurses, has been singularly overlooked by them. Toward it, on the whole, they have not as yet fully met their responsibilities. I would go even farther and say that in many instances they hardly seem to be conscious of having any special responsibilities. The absence of training school committees, or any

other bodies charged with special responsibility for the school; the absence of any definite financial appropriation for the needs of a school; the absence of proper provision for the most common, well-recognized school equipment, such, for instance, as suitable class and lecture rooms, adequate libraries and teaching material, properly equipped teachers; the entire subordination of the work and life of the students to the needs of the hospital; the indifference to desirable educational standards and ideals in nursing, which it should be the school's first function to develop and cherish; do, I think, when carefully surveyed, lead one to this conclusion. If the same trustees were acting on boards of schools, not connected with hospitals, they would take it for granted that such fundamental needs for school work must be provided, and would find ways and means of securing them. Instances are, in fact, known of trustees holding office simultaneously on boards of universities and of hospitals. As university trustees, they forward whole-heartedly every educational measure and advance. As hospital trustees, they ignore almost completely the fact that there is in the training school under their jurisdiction a definite educational problem involving definite obligations and responsibilities of no uncertain nature.

The hospital has taken over the education of nurses as its function and its right. In its educational capacity it controls virtually the whole system through which over 30,000 women are today being prepared for a profession of growing importance to society. To fail to understand this is not really intelligent, and certainly few men would expect to succeed in the conduct of their business if they did not look farther into the future than do the trustees who permit the training school to be looked upon merely as a "maid of all work" to the hospital. Such a policy is not merely shortsighted and unstatesmanlike, it is suicidal. For in the long run it is practically certain to destroy the spirit and the ideals

of the women working in it, and to keep from it or drive from it the kind of women who are most needed. The strength of our hospitals does not depend upon imposing buildings or elaborate equipment—it depends upon the spirit and the ideals of the men and the women who do its work, as well as upon their ability and skill. To fail to appreciate the importance of the training school, to fail to foster its educational work and progress, is unworthy of the men who, in other relations of life, show conspicuous acumen and generous public spirit. Trustees cannot afford to have graduates who go out of our best training schools and advise their sisters and friends against nursing as a profession, because they are dissatisfied with the conditions under which they have trained. They cannot afford to have said, as was said to me by a man well-known and influential in philanthropic work in New York, "I would not allow my daughter just leaving college to enter any training school, because I have such contempt for their educational methods."

Now there are ideas afloat, and rather prevalent they are too, that clear thinking on this particular subject is difficult, because the training school on its present basis is of such considerable financial value to the hospital. It always saves expense: it often, in addition, is made to produce revenue. To free it, to place it where it belongs would mean expense. It would mean at the very outset the provision of paid service for a certain—in some hospitals a considerable—proportion of the miscellaneous routine work now done by pupil nurses and miscalled education in nursing. There can be no question that the proper conduct of a training school means expense, precisely as does the conduct of other good schools. The students should, of course, help meet this, but not necessarily always by substituting labor for tuition and fees. But frankly, I find it difficult to accept the idea that the whole question is one of money. There are other things bound up with it—tradition, custom,

habit. I am inclined to believe that our trustees have become accustomed to looking upon the school purely as the nursing department of the hospital, and its usefulness and convenience in that capacity inhibit, as it were, any larger vision of its usefulness. Its needs, above and beyond those with which the hospital is immediately concerned, stand far in the background and are obscured by the urgent needs of the hospital for such service.

Viewed as the nursing department only, the school, along with the other hospital departments, falls quite naturally and wholly under the jurisdiction of the superintendent of the hospital. He is the authorized and frequently the only channel of communication between these departments of the hospital and the trustees. What he thinks, they are apt to think; what he advises, they usually try to do; his policy becomes theirs. This was made very clear to me several years ago by one of the trustees of an important hospital. "We turn," he said, "to the Superintendent for advice. We expect him to tell us what to do, and then we try as far as possible to do it."

Now it is not my intention to venture even a little way into this complicated matter of hospital administration, save to say that anyone familiar with administrative work must lean sympathetically toward a system which provides a clear-cut organization of departments and centralizes authority over them. But from this point of view, the more perfectly the school serves the hospital, the more valuable it is as a measure of administrative economy, the more essential as a part of a smooth running and efficient machine which is the delight of the efficient executive. This attitude toward the school has come to seem to me natural and almost inevitable. For I have noticed that nurses who become hospital superintendents are (with a few exceptions) as apt as men in that position to become more interested in the

management of the hospital than in the education of their pupils. Special concern or solicitude on behalf of the training school is lost in the effort to manage hospital affairs efficiently and economically.

Now if the superintendent of the hospital does not see the training school in its true dimensions he can hardly be expected to deal adequately with its problems; still less is he likely to be able to present them for solution to the trustees. And if the superintendent of nurses has no regular, open, authorized means of presenting these problems herself to the trustees, in what an irrational, untenable situation is she placed. Quite recently the superintendent of a training school said that she believed nearly all of her troubles would cease if she could have direct, open access to her board of trustees—as direct as that enjoyed by the superintendent of the hospital, and without the necessity of having the needs of her school translated either through the superintendent or the medical staff, and lost occasionally in the translation.

Without being quite so confidently optimistic, I am yet convinced that a direct relationship between the trustees and the training school, through its own head, is necessary for a sound governmental policy. The best practicable way of providing this seems to be through a standing committee with rather special functions and powers. It is true that some schools which are provided with such committees (and there are a few) do not appear to derive marked benefit from them, but that would be offset by the number which do derive benefit, and would not affect the principle, which is correct. It is equally true that some well-known schools seem to be getting on pretty well without such a committee, but that may be due to the liberality and intelligence of the existing administration, which at any moment may be replaced by one of an entirely different calibre, in which the school becomes helpless to maintain proper standards.

It is clearly the responsibility of the trustees to have a policy for the training school, to define it and to maintain it, materially and financially, as well as in a moral and ethical sense. And I know of no better way than the formation of a good strong committee of the trustees as the first step. Through such a committee many of the problems with which discouraged and disheartened heads of training schools are now struggling might be studied and in some measure solved. At least they would have the satisfaction of knowing that these problems were known. The problem of lack of suitable applicants for instance, is clearly a question for the trustees, but they should not be permitted to attack it without such a serious and careful study of the whole situation as will enable them to understand what they are about. For lack of applicants is a symptom, and the causes may not be easy to discover; they may lie partly in and partly outside the hospital, and the serious study of this one crucial problem may help in solving others and pave the way to much needed reforms.

The trustees, acting through an alert and interested committee, could study the needs of the school on its merits as an educational institution with important work to do, quite apart from the requirements of the hospital for service. I question very much if either hospital superintendent or training school superintendent could make such a study. Certainly not while engaged in active service—they could not see through the smoke. Such a committee could, after appropriate study, plainly lay down a budget for training school expenditures, and either secure from the trustees adequate financial appropriations for obviously necessary work, or seek them in suitable endowments from friends of nursing and believers in education outside the hospital. Every training school should have at its disposal such funds as it needs for its work, and the spectacle of its superintendent pleading for a few necessary books, or for a teacher for

her students, should become so rare as to fade even from our memories. Such a committee could find ways, perhaps, of upholding the superintendent of nurses in her efforts to maintain suitable standards of education for admission. I am no advocate at present of high educational standards for admission to training schools. College education is absurdly out of the whole question, though our schools should be so conducted that women with college training will more and more desire to enter them. Not even a definite high school requirement should be made as yet, because in our present state of education throughout the country that is plainly impossible. Nevertheless, the bulk of our students should have had full high school work, or an acceptable equivalent for it, and we should be steadily working in that direction. We should not any of us be willing to admit to our serious profession women whose school life has ceased at thirteen or fourteen years of age.

Finally, the trustees, through such a committee, should watch the tendencies of the day; they should know what the graduates of the school are doing, and what new fields of nursing are developing, under the influences of medical thought and sanitary science, which call upon the school for changes in its methods, or enlargement in its work. There are new and imperative demands made upon the nurse of today, and her work in the hospital is usually her only preparation for them. No sensible person would wish to change suddenly or radically a system which has been the growth of years. It was probably the best that could be done under the conditions and at the time, but it may not be the best that can be done at a later day and under markedly changed conditions.

I see before me the vision of a school working out its educational ideals with complete freedom, adjusting its measures in response to the carefully ascertained needs of the community, and offering a quality of educa-

tion and training which command its entire respect. I see the training school possessing complete autonomy as a school and yet carrying on a very large portion of its work in the hospital. Its body of students is working devotedly in the hospital, eager to secure the rich opportunities for knowledge and training there given. The whole system is carried out with the most frank and cordial relationships and in the finest spirit of co-operation, each benefitting by what the other has to give, each dealing justly and honorably with the other. And it seems to me possible that a better understanding by our trustees of training school problems and ideals may bring this vision nearer.

The Responsibility of the Training School for the Education of the Public Health Nurse.*

S. LILLIAN CLAYTON

Within the last few years a great demand has arisen for instruction of the nurse in social and sanitary matters. Many superintendents and instructors of training schools have become interested, and yet the interest is not as widespread as it should be, nor so keen as to be bearing many practical results. Nevertheless, where officers of training schools are gathered together the question is discussed and nursing and medical literature is full of it. The discussion concerns itself chiefly with two phases of the subject: First, whether students of nursing shall be prepared at all for Public Health Work; and second, if so, in what manner.

If it is true that in all education a "certain sum" of topics is considered to be essential (in behalf of public welfare) to the culture of the man and citizen; if it is true that every educational institution has as the aim of its curriculum, to contain that "certain sum" of topics which shall best relate the individual to society, it would be well for the training school to follow along the same line if it is to fulfill its greatest possibility for service, both as an educational institution and as a center of practical help in the community. Those familiar with the development of nursing education agree it is necessary to cut new channels, but where and what these shall be nobody has decided. Like every other phase of education today, the organization and purpose, the subject matter and methods, and in fact everything the

*Paper read at the Annual Meeting.

training school has done is being questioned. This present unrest and indecision are due in part to the economic changes through which we are passing, for these are making greater and very different demands both upon philanthropy and upon our educational systems. Schools of all kinds must help to solve bread and butter problems nowadays. Moreover, nursing education has been based upon old world ideas of autocracy—we must recognize that more and more the spirit of the republic is entering our educational system, and as the student's unfolding powers give her a new vision of life's possibilities she must have the freedom of selection. Should not one of the functions of the training school be to aid the student in the discovery of her own special gift? If this be true, let those who are responsible for training schools for nurses grant that there is need of the Public Health Nurse, and let them, together with other educators, see to it that many old courses are kept, that new ones are added, that the new courses offered are varied to meet special needs, and that often they be made elective. We are proud of what our schools have done in the past; but we realize a parting of the ways has come and we must choose intelligently our future course. That we shall do so there is not the slightest doubt. We shall meet the present need of the public and the individual because it is our responsibility to do so, just as it was our predecessors' responsibility to meet that of fifty years ago. Just as chapter after chapter of our development has opened up and changes have been made to meet the current demands of former days, so will they be written clearly for our guidance now.

The school with varied courses will cost more than that with single courses; there will be a demand for skilled teachers—teachers with broad sympathies and varied interest, along with suitable equipment and proper allowance of time for study and class work. It will be necessary to convince hospital superintendents and

boards of directors that this outlay is not only justifiable, but necessary. It is therefore gratifying to know that Dr. Winford Smith, of Johns Hopkins Hospital, has placed himself upon record as saying in effect that hospitals have gone a long way towards meeting one of their two avowed and accepted obligations, viz., to give skilled service to the sick and injured patients committed to their care; but they have sadly neglected or ignored the other, viz., the education of the nurse, and the time has come when both obligations must be recognized. Of course it will cost more to place the training schools on a true educational basis, but we must face this fact also and rise to meet it.

Granting then that upon the training school rests the responsibility for the education of the Public Health Nurse, how much of that education is it possible for the training school to give?

An adequate education for this branch of work, as for any other, should be based primarily upon a broad preliminary education, and here is one of the first problems. In order to introduce the proper courses into the curriculum the entrance educational requirements must be raised, otherwise the students have not the appropriate basis upon which to build the new knowledge. It is encouraging to note that the standard of prerequisite education is being raised, although the progress is slow and indefinite.

Taking the high school standard as our starting point, what courses should be included in the curriculum in order to make the sum total of subjects necessary for the broad education of the nurse who is to be able to meet all the demands made upon her by society today?

The mental attitude of the student must first be adjusted to her new field of activities. She must be taught to see her patient from the standpoint of his mental and moral as well as physical self; she must learn to think of him from the standpoint of his place in the

home, in industry and in the community. She must understand the underlying causes of physical, mental and moral downfall. This is important for her regardless of the type of nursing she may elect to do; it is imperative for Public Health Nursing.

This element in her education should begin when she first enters the school and have a place throughout the three years. But before giving consideration to the courses that will best fill this need, mention should be made of the fundamental sciences which should be taught. These ought to include anatomy and physiology, elementary and domestic chemistry, dietetics and the economy of foods, materia medica, personal and household hygiene, and the study of diseases from the standpoint of cause and prevention, as well as nursing and the many problems of practical nursing care. It cannot be emphasized too strongly that all these should be presented both by lecture and in the laboratory, for our students must not longer be subjected to the constant criticism of being automatons. Nurses have too long been required to work without knowing the reasons for what they did; they must be given opportunity to try out and thereby verify the findings of others and from these findings draw their own conclusions. They must be taught to think as well as to use their hands, for preventive medicine requires of the nurse as well as the doctor that she look beyond physical symptoms to their causes.

Therefore, just as the foregoing subjects relate entirely to the care of the body, so should the student be given a working knowledge of the mental, moral and social life of her patients through a study of psychology, sociology, economics and ethics. To these should be added some insight into the problems of housing, of correction, of relief, of sanitation, and of the local laws, ordinances and agencies relating thereto. This might

constitute the theoretical part of her education, a portion of which could well be made elective in the third year. In addition to these, advanced courses should be arranged for students who desire to spend more time in specialization, whenever affiliation with colleges and universities can be secured.

The practice requirement should contain enough hours spent in the different departments of a general hospital to acquaint her thoroughly with all the proper methods of nursing, or in such affiliated institutions as can provide the equivalent.

The housekeeping problems should be learned and practised, but not beyond the point of personal efficiency.

In addition to this hospital training the student should be given opportunity for personal contact with her patients in their homes, for only by this means can she acquire a sympathetic understanding of their family life and through it gain familiarity with the primary causes of their illness and thereby become an efficient helper. To this should be added some experience in co-operation with other social agencies for the relief of dependent people. This outdoor practice may advisedly be divided into two parts, as follows: First, an assigned period during the preliminary course (the extent depending upon the length of the entire preliminary training) to be spent with the social service department of the hospital or with the visiting nurse association; and, second, a period of six weeks or two months in the third year of the student's school life. Both of these may advisedly be made compulsory for the student and in addition thereto two months should be credited for elective service in this or any other departments in which the student wishes to specialize.

It is reasonable to assume that this introduction of the much desired elective work will go far to overcome the present unrest generally found among third year students. It will be a step toward making the third

year one of real educational advantage to the nurse, as was the object when it was added to the curriculum.

The next division of the subject is: To what extent are training schools prepared to do this? We believe that many could change their present curricula, giving place for a few classes on the subjects named, if they fully believed in the work or were willing to make the experiment. The actual practical experience could not be given in the same number of schools, because the need for their students in the wards of the hospital is too great to permit of outside affiliation. Nevertheless, when state boards of nurse examiners come to recognize this comprehensive education of the nurse as essential not only for public health nursing, but as a general qualification for graduation, then we shall find that much can be done that is not now considered to be possible or even desirable.

By way of summary, let us admit, first, that it should be a responsibility of all training schools to provide such a curriculum if they could; and second, that though none can give all of it at present, and some cannot give any, there are others which might begin at once.

How and what shall they do?

We believe the following offers a practical program:

First. Outline the preliminary course so as to include those subjects and divisions of subjects which will prepare students to approach the patient both in his hospital and home environment. These lectures and classes should be designed to help the students to begin their regular course with a sympathetic and intelligent attitude toward the individual, as well as toward the disease. To these must be added some practical observations in the homes of the patients, through the Social Service Department, the Visiting Nurse Association, or such agencies as the locality affords. This period must be safeguarded by application of the sound educational principles of guidance.

Second. Allow the regular course to enlarge upon the subjects previously suggested, making opportunity during the first and second years for occasional lectures and excursions pertaining to public interests.

Third. (a) Provide in the third year a course of lectures and classes of thirty-four hours, one hour weekly; the first semester covering sociological and psychological topics and race characteristics; the second semester, housing, economic and industrial problems. (b) Allow two months additional district practice as elective work. We believe that this much could be undertaken as a beginning, and after proving its efficiency might be lengthened to six months. The Illinois Training School has outlined such a course to start next October, and hopes to demonstrate its practicability and efficiency.

A few schools might also respond to another demand which is increasingly made upon nurses by the public, viz., for talks on public health problems. It is usually difficult to find anyone who is willing or capable of doing this. It has seemed to us that some of the excuses offered might be eliminated if we could develop more confidence in our senior class by giving to its members some practice in teaching and public speaking, thereby preparing them to serve the public in this important way.

I cannot close this paper without making a strong plea to superintendents of training schools for a broad social education of the nurse. Can we not introduce into our schools more of outside interest? I know all the arguments against it, but we as a body of educators must determine how and to what extent our nurses shall be educated, and the relative importance and place of the broadening influences which we shall bring into these three years of the young woman's life. May it not be possible that the indifference and lack of sympathy and kindred faults complained of against nurses may be due to the limited appeal in behalf of patients made by teach-

ers and superintendents? We believe if teachers and superintendents were socially educated, and if students, before having experience in supervision of wards or departments, were given their training in the 'Social Service Department this criticism would be largely removed. Experience indicates that the large majority of students respond most eagerly to these opportunities.

We believe that this change in educational methods will be productive of the same results in nursing education as have been found in other types of schools, expressed as follows by three of our best educators:

"An elective system, in its proper place, and under its due conditions, is demonstrably sound."

"As good results, increased willingness to study and even a new and marked enthusiasm on the part of the student."

"More intimate and effective relations are secured in many cases between teachers and pupils."

"The special wants of the student are met."

"The saving of time in preparing for a special profession."

"We hear a great deal these days about the practical in education, but a school can offer no more practical course than one that has for its purpose the complete development of the whole student, every power, every gift, every possibility of her life that will increase her usefulness to society, add to her own happiness, and to the happiness of the race."

Civic Control of Public Health Nursing.*

ROGER N. BALDWIN

It is one characteristic of the movement today for better living and a new interpretation of life that business men as well as women, and people in trade unions, and people who have no connection with any special group of the community, are coming from different points of view to about the same goal. It was my good fortune to make a study, for the National Conference of Charities and Correction, of the work that business organizations are doing for better life in the community. It is gratifying to be able to bring here testimony of the entrance into the field of this last and most conservative factor—the business man. So I am perhaps not on such foreign ground, talking in the boots of a man who was to bring a message from business men.

I shall wander a bit afield from the main topic of your program, "The Civic Control of Public Health Nursing," except as anyone of us in a job that touches human life as intimately as does public health nursing gets into contact consciously or unconsciously with all the problems that underlie it. Public health nursing cannot be isolated, any more than the hundred and one other occupations that make up the field of professional human service today. It makes no difference what the occupation is; each particular case of distress takes us back, if we study it and the causes behind it, into the greater industrial and social problems of the time. Johnny sick, or Mary out of school may take you back to poverty, to the failure of the community to regulate housing, or to our failure to train for parenthood. Whatever the case is, we get somehow deep into the great mass of problems that make up the international problem today. You and I on our beat, in our neighborhood, in city

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or in country, are part of this world-wide struggle for equality, for freedom, and for a re-statement of Christianity in new and vital terms. Coming out into that broader field and making ourselves part and parcel of this great throbbing cause, we must begin to take stock of the direction in which the movement is going. It seems to me one of the most pathetic phases of social work that we should so differ about the right direction to social salvation, each of us saying to the other, "You must go my way or you will never get there." So that, while we agree as to the goal, we differ desperately on methods of travel.

There are those who see our salvation in terms of private charity. We have just heard that it was the salvation of visiting nurses in Cleveland that they were appointed by the Visiting Nurse Association, not by the city government. Now, while our temporary experience may dictate that city government is still so sick that we cannot trust to it the appointment of district nurses, we must come soon to the belief that all of us can do a job better than any few of us can do it. It is that sort of "holier than thou" attitude which has set charity in a sanctified position in some communities. Not only that, but it has secured from the public large subsidies from the public treasury. In New York and a number of other states, private charities supported by public funds are the rule. This autocratic system has had disastrous results on good government. You will never get good government under this undemocratic system.

I know this is heresy in some parts of the country. You cannot talk like this near the Atlantic without having a great many facts thrown at you, but you can talk about democracy with a small "d" when you get out here, with some degree of understanding and sympathy. We know that all of us, Protestant, Catholic, Jew, colored and white, have a common interest, and that taking us all in together on public business you get a finer result than when you leave it to just a few of us well-educated folks.

This fact is conspicuous in the West, and in the Mis-

Mississippi Valley cities particularly, for the light of freedom has not struck where it originated, back East. Out in the West public functions are stronger. You do not have the burden of big endowments and other octopi! You have here a frank recognition of common problems. Get the facts and the community will respond. It is not always easy, but it is a great deal easier than in communities accustomed to old ways of doing things. Even they are coming to see that the new way is better, that this public control of all our functions that make for better human life is the only safe control in the long run, and that it puts a responsibility upon the individual citizen which is good for him as well as good for the work itself. The educational aspect is important. This is *your* city hospital; *your* district nurse system; *your* playground system: these people who are public servants are working for *you*; it is *your* job to see that spoils politics are run out of the city hall, and that people attend to their jobs. We know there is a long row to hoe before we put out the fat politician, but we can do it because we are so much more numerous than fat politicians!

The evils that spring up in a big city that are most easily recognized and to which the public pays quickest regard have to do with public health. You can talk about poverty, and delinquents, and defectives, but you don't get the public response that you do when you talk about health. That is perhaps because delinquency and defectiveness are not contagious. But a touch of germs makes the whole world kin. Germs that flourish among colored folks come home in the wash, and white folks are going to see very quickly their common responsibility.

With the recognition of a common problem of course there comes a common solution. You get that intangible thing called public opinion behind your movement and somehow the thing goes through. We have had a number of bitter fights here in St. Louis, as everywhere, on public health issues. But they were every one of them winning fights. Do you know a case of a really big public health

issue that has been fought for some years, in which the barriers of the enemy did not eventually come down?

We had a fight for housing regulation. We made an investigation six years ago, published a report, with photographs. Everybody looked at it and read it, and talked about it and said "it was awful—these evils must be stopped." They looked out of the car window once or twice, going down town to business, to see little children carrying water up to third floor tenements, winter and summer. (They did it in forty thousand tenements in St. Louis.) People knew about it. We told them about the district inhabited by thirteen thousand people, with only sixty bath tubs and six water closets. The facts were all there, but the landlords were there too. We went to the City Council with a bill. At one hearing in the House of Delegates the galleries and floor were thronged with a jam of landlords big and little. They had come in response to the call of the pocketbook and were there to tell the members of the legislature that they would be wronged by the passage of a bill which would stop little girls and boys from carrying water from the hydrant three floors up. They said, too, that people would not appreciate sanitation—that they would put coal in the bath tub and ducks in the bath room. And the delegates of course believed it true.

Well, we began another tack, and said that we could demonstrate to real estate agents that it was going to pay in the end to do some of these things. Also, that the thing was inevitable in the long run and they might as well surrender now as later. In about three years' time we had them converted—at any rate, enough converted so as not to oppose us. At a hearing on the same bill a year ago nobody appeared except its advocates, so that on September 1 last year it went into effect. We have found enforcement of the ordinance easy. A letter from the Health Department last month said that it had been rather observed than enforced. Real estate agents have themselves sent out letters saying that the regulations must be complied with, and

showing their benefits. One of our great supporters is a commercial institution, the Metropolitan Life Insurance Company. It distributed something like 100,000 copies of a pamphlet showing the right of the people, as tenants, to a decent home, telling them to whom to go if conveniences were not furnished.

But we are extending public powers into fields where there is much more disagreement. We all know, whatever our work may be, that back of tuberculosis, back of that girl out of school because not well enough to go, behind the school nursing and the public health nursing of our health departments—behind all these problems is the one great problem of poverty. That problem is so baffling that we only can touch it. But as forerunners of the kind of thing we can expect, we have some significant examples.

In Kansas City—and you know St. Louis hates to pay tribute to Kansas City—they have established a municipal policy which practically says to every man, “You cannot suffer from poverty in this town! We will not accept merely the mediaeval doctrine that we cannot let you starve to death, because you can go to the almshouse. We say you may live, and live at your own home. We say to every able-bodied man, ‘If you want to earn enough to support yourself and have something for the wife and youngsters you can come and work on our public rock-pile. It is not particularly attractive work, but you can come, and we are going to buy your product at 65 cents a cubic yard, you can make \$1.50 to \$2.00 a day.’” So those who could not get private employment went to work. The city paid out something like \$20,000 to the men who worked on the rock pile. and the sale of rock almost paid for it all.

Then they said to the man who did not care about \$1.50 a day, who had no family and who wanted just a place to sleep and three meals a day—the man with the hobo psychology—“You can come here, but you will have to go to work a couple of hours a day in the street to pay for it. In other words, for what you get you have to sweat.” Now

that is sound public policy. If a man says he won't work, then they tell him they will give him one day's food and lodging, and if he does not work then, the judge will put him where he will have to work. He can't beat the game.

We are not only doing such things on the negative side of poverty, but we are working on the positive side too—the side of prevention. We say, "We not only will save you from starvation, but we are going to prevent you from getting near it." We are beginning to say to every family for whom the community becomes responsible, "You are going to stay together as a family. That unit is the basis on which the community rests. We are going to see that it is preserved." Every one of us knows that half the trouble among children comes from families that have been torn by divorce, separation, poverty, desertion. Down in the Juvenile Court we found seventy per cent of the children on probation were children of broken families. We are beginning to say to the mothers who have no breadwinners in the family, "You have a right to relief from the public treasury, and we are not going to send your children to any charity society." We are going to write our Christianity in a new way, to show that the ultimate parent of all children when their own fail them, is the community.

Now something in regard to those of us who are not defective or delinquent or poor or sick. We are beginning to see that this community of ours is the minister to every one of us, that it is not simply for the poor and the delinquent and the defective, but for you and me, people who have good homes, people who think they are independent, who do not need inspection and investigation. At Kansas City they sent a dozen good women into the dance halls one night to question every girl and get her name and address. It was a high-handed thing for a government to do, but they did it. They went back next day to the parents of all the girls they spoke to—several hundred girls, I believe—and said, "We found your daughter last night down at the dance hall, or at the skating rink—is that where you thought she

was?" And I believe out of the several hundred, only twenty-four parents knew where the girls really were. In other words, this public mother has come to be the great mother in a big city. The function of the home is extending beyond the door into the street. We have got to do some of the work that the home used to do, and we have got to do it for everybody.

Now I know the objection that is advanced commonly to this extension of public power—that you never can be secure in government—that you have so many political crooks on the job that good people never can win out and keep things safe. But we have come, or we are coming, to see that an old unit in the city is being resurrected—the neighborhood—a unit we had almost lost. We have come to see within the last few years that behind the mechanism of government there is the greater force of social contact. It used to be best expressed in what the little red schoolhouse stood for in the country or in the detached neighborhoods of early city life. This old factor, under the new name of the social center, is beginning to play a vital part in the new American politics. This power of social contact lies behind all our charities, behind the ballot, behind suffrage. Out of it is coming a new citizenship, a new kind of contact between city men and women, between the older generation and the new. The "good old times" they talk about were when grandma and grandpa and mother and father and the children all got together in a common interest. You get that in the country still, and in the remote parts even of the cities sometimes. But we want to get it in the parts of cities where there are a hundred to two hundred and fifty people to an acre; where people are living tier upon tier. This increased social contact will not only bring about a sound public opinion, which is the surest guarantee of a secure government; but it will react on the individual in such a way as to grow character and develop personality. What use is it if you and I spend our lives in our particular social or medical service, patching up the evils which social

conditions have created, when we could remove the source from which these evils come, and create a secure social life, founded on democracy and justice?

Let me tell you a story to illustrate this. You have to begin with the youngsters. The conception of the common social life and social responsibility is in every boy's gang. Up in Gary, Indiana, they have begun with a brand-new conception of education and have started to construct a new civilization based on the public school. You remember that we used to be taught that whatever we did not like was good for us. Up there they teach that whatever you like is good for you, and if you do not like it there is something the matter with you. They have a school system which runs six days a week, eight hours a day, all the year. Up there, the principle of what you like has worked wonders. They have a grammar school building which houses 2,700 children, but you cannot get more than 900 in the school-rooms at any one time; 900 go into the auditorium, and 900 into the manual training, domestic science rooms and playgrounds. They allow children to stay in the school-room not more than forty minutes at a time, and the children do 90 per cent. of the talking and the teacher 10 per cent. It is a school based not on the idea of authority, but on the idea of freedom.

The superintendent tells of a little girl of ten or eleven who had been in schools in other cities and tied down to the regular school routine. She was not a healthy child, so the school nurse (the school physician of course saw her at first) placed her not in any particular class, but prescribed a special course of school treatment for her, based on the prime needs of health, on the theory that you cannot get a sane mind till you have a healthy body. And it was written down just what should be done for her; a special course of training that kept her out in the playground nine-tenths of the time. Each child is dealt with as an individual, and in the same school. In most places where the child does not fit the school straight-jacket they take him out and put him

in a special class for truants or defectives or tubercular children.

But back of their idea at Gary is something more than I have indicated. They have a system of education which typifies, I think, the kind of thing we would like to see in all the neighborhoods of our big cities, for all the problems revolve around the capacity of groups of people to handle their own affairs. They say to boys who are learning arithmetic, not that they must come in and look at the black-board and do that dear old problem, "If a room is 30 feet long and 5 feet wide and 10 feet high, with so many doors and windows, how much wall paper will it take, etc."—but, "Come out into the playground, boys, don't you want to build a house?" Of course all boys want to build a house. Then a mixed group of boys all get together and talk the thing over—the teacher is only 'chief adviser.' They figure out how big that house is going to be and how much they can spend on it. After they have figured it all out on paper, they go down to the lumber yard and get the lumber. Then the house is built by the boys working together as a social unit, with their own boss elected by themselves.

What have they accomplished? In the first place, they have been out of doors, where they ought to be; they have been getting strong bodies and strong muscles; they have been getting head and hand work together; they have learned their arithmetic, and they know something about wall paper; they have come to understand something of business methods. But best of all, and behind it all, when Mike Flaherty and Sammy Epstein have got their heads together and said "we" are building this house, they have learned *citizenship*. That is something that can only be learned early in life. They have learned in terms of play the lessons of American political institutions, which has been so well worked out on paper and so poorly in practice. And these boys are going to develop the practice. They are going to take hold of the neighborhood and of the spoils system. They are going to put the most capable and best

qualified men in charge of public work, just as they do in charge of their house. They are going to see that their district nurse is the best qualified woman in the city, and that the men in the Health Department are the best qualified health inspectors that can be got for the price the public is willing to pay.

Back of the work you are doing, back of the work we are all doing as servants of this common cause of human life and welfare, lies this great problem of social organization. And just let me say this personal word in closing. My little experience in a big city has brought me to one conclusion above all others—and that is, that when you give human beings a chance, when you give life a chance, you get just as fine stuff, just as big character, just as real Christianity down in the most unsuspected places, among the most ignorant colored folks, and immigrant folks, and “poor white trash.” You get it down there sometimes in greater degree even than you do among the well-to-do. You have to go even to your ten thousand hoboes who come here to St. Louis every winter to lie up till spring comes and opens up their business for them, if you are going to get the full content of this great power of democracy. In getting them as citizens, back of these programs for extending the power of the public for the welfare of all, we are coming to an understanding of that brotherhood of man that is going in time to know no difference between one human being and another, no matter what his circumstances.

Civic Control of Public Health Nursing*

WILLIAM ALEXANDER FIELD

I have been requested to say a few words on the subject of "Civic Control of Public Health Nursing."

As a preface to my remarks, allow me, as a politician would express it, to state my platform. After years and years spent in scientific investigation, through experimentation and tabulation, we have arrived at a knowledge of some of the laws governing the wonderful phenomena of Nature. Among others might be mentioned the conservation of energy, which, tersely expressed, means that nothing is lost in the wide expanse of the universe either in the shape of energy or material matter. I, therefore, do not ask that you agree with me in any statement which I may make, except that, after careful analysis in your own mind, you may determine whether or not my conclusions are drawn from premises established by Nature's laws.

It has long been a belief on my part, as well as of others, that *thought* is just as much a source of energy as any of the ordinary commodities in use in every day life, and when its potential power is converted into action by expression, it becomes just as much a force as steam, electricity, etc.

Thoughts may be classified as to value by the process of mental analysis just as the chemical laboratory establishes and compares values of tangible and inanimate materials. Therefore, in order to achieve the fullest enjoyment of a wholesome life, each individual should think for himself, and in so far as we acquire knowledge of and reason in accordance with Nature's laws, will we have many souls with the same thoughts; for natural laws govern us all alike.

*Address delivered at the Second Annual Meeting of the National Organization for Public Health Nursing, April 28th, 1914.

Emotion forbids perspective ; without perspective judgment is lost. In order to place ourselves in a point of vantage with a wide perspective, let us indulge in a short review of the theories and speculations of our scientific investigators. Of the former, on account of limited time, I will mention but few :

It is generally conceded that the old theory of the nebular hypothesis was a misconception ; that the earth has always been solid ; that it did not attract and retain an atmosphere capable of producing and sustaining life until it had attained a diameter of four thousand miles. It is this period to which our attention is drawn. With life producing conditions present, life was inevitable, regardless of the primitiveness of its form. With life begun, therefore, why not the inception of man ? The earth now has a diameter of eight thousand miles and it would seem almost like reaching for the impossible to hope that it will ever fall within the province of the human race to arrive at a tangible source of the beginning of things. However, by the modern theories of radio activity and the electron, our geologists and other scientists have determined that rocks, heretofore believed to have been of prehistoric origin, and though millions of years old, really belong to a modern era as measured by the age of other formations which have been calculated to be billions of years older.

In contemplating this great evolution, let us pause for an instant in the conception of this question—What to your mind was the most wonderful period in the development of this planet on which we live ? I would say, in answer, that it was that moment mentioned in Genesis, to-wit : “He said, let there be light and there was light,” which exemplifies the dawn of reason when man became a thinking being as distinguished from the animals which surrounded him. As far as we are concerned, as human beings, that was the beginning of things—when man began to think and to reason and to differ with his neighbor on that account.

The fundamental principles of life are very simple.

The first law of nature is self preservation; second, propagation of kind; third, the desire of each and every creature to give expression to its own individuality. Environment, geographical and climatic, influences the results of the working of these laws, but the basic principles are ever present. They may be compared to the handful of notes chosen by a composer of music as his theme around which are developed all the variations emanating from the different instruments constituting the orchestra.

I have cited all these things just to show that nature knows no such thing as time; that man is but an incident—merely one of the many marvelous creations of that Infinite Power known under varying titles, but whose mysterious presence is felt by every human tribe throughout the world.

There are no fundamentally new problems confronting society. Like new tunes, in their last analysis, they are but a rearrangement of the notes which have formed other tunes. Society moves on a certain level like the current of a river, steadily onward despite up-stream and cross currents. Get this thought in your minds—that mankind is not of new and recent creation; that the present is but the resultant composite of all that has gone before.

How can we make the lives of our fellow beings better and fuller? This has been the question over which philosophers, scientists and priests have pondered since civilization became a synonym for altruism. There seems to be a popular superstition pervading the minds of the American body politic that the solution of each alleged new problem, the remedy for each apparent evil, lies in the recourse to law—meaning man made laws. Such course of action might produce improved conditions had our evolution as a free people shown a discrimination between liberty and license. On the basis of liberty of speech and free press there has long been a tendency to belittle the law, which is synonymous with the Government. There can exist no respect where unbridled license tends to ridicule. No business could be successfully conducted, no discipline maintained were the subordinates in an organization privi-

leged to lampoon and cartoon the higher officials ad libitum and ubiquitously.

So it is with the Government. It seems almost useless to pass more laws when there abounds such a broad disregard of the enforcement of laws already existing. We have a code of ethics for doctors, lawyers, bankers, etc., but the moment a well-intentioned, honest, capable man becomes a candidate for a public trust, he is at once anathematized as a grafting politician. The result is that few really qualified men will undertake to stem the tide of criticism in order to administer to the wants of a fault finding public.

The Public Conscience must change in its attitude towards the positions of authority regardless of the individuals holding such positions.

It is with these conditions in view that I have my doubts about the advisability of promulgating the idea of making the work of the Public Health Nurse a part of the municipality's responsibilities. While there is no question but that health and sanitation should be a part of each city's duties, still many reforms must be instituted and a new point of view must be taken by the body politic before such a degree of efficiency can be reached as exists now under what might be called private administration.

As an example of mismanagement of taxpayers' funds, the new Cook County Hospital in Chicago furnishes food for much thought: Three years ago, the public voted a bond issue of \$3,000,000, sufficient to have equipped in splendid manner 1600 beds. The building, as yet incomplete, provides but for 636 beds at a cost of \$4,600 per bed—the most costly per unit of accommodation of any structure of its kind in the world. Another bond issue will be necessary before Society will reap any benefits from the money already provided and misused.*

*In contrast to this, the Psychopathic Hospital, which is of much more expensive construction because of the private rooms and provision for treatment, has been built at a cost of \$2,100 per bed, and built also in record time, work having been begun on November 3, 1913 and the patients moved in June 27, 1914.

This isn't the worst feature, however. Bonded indebtedness means the saddling of posterity with a burden of interest charges which the Law of Compensation will repudiate either directly or indirectly. "Nature knows neither revenge nor pity" and all accounts must be balanced sooner or later. Mismanagement now must be compensated for in the future.

There are many things which it appears would be more beneficial to the nation at large if regulated by the Federal Government. A nation is strong only as its inhabitants develop strength, and its ultimate survival depends on the ability of its individuals to co-operate and withstand attack, whether such attack be disease or human invaders. Therefore, any course of action, whether taken by private associations or the government itself, which is not constructive, will result in degeneration.

It is a human characteristic, a perfectly natural trait in each and every individual, not to do anything which may be done for him and without effort on his part. It is a generally conceded fact that a hardy race may be weakened by pampering, but it is a difficult undertaking to make hardy a pampered race.

At the risk of boring you, I will read excerpts from statistical reports as published by the New York Times Analyst in several recent issues:

After thirty years of compulsory insurance, providing against sickness and accidents occurring in course of employment, the German laborer today is looked out for at every turn and no other country has such a complete or carefully thought out system of legislation in the interest of his social uplift and physical well being. Figures have been published showing the immense sums of money which have been expended and the millions of working people who have been benefitted, and no one will deny the tremendous amount accomplished in uplifting the standards and in increasing the comforts of life for the great mass of toilers.

The reverse side of the problem, however, is the grow-

ing feeling of doubt as to the merits of the insurance system, significant of which was the adoption in the Reichstag last winter, by unanimous vote, of a resolution calling on the Chancellor of the Empire for a prompt report "on the economic, hygienic, moral, and social effects of the German Workingman's protective and Workingman's insurance legislation." The astonishing growth of the economic burden is made clear by the following figures:

Year	Sickness Ins.	Accident and	Old Age	Total Cost
1891	\$23,471,680	\$ 6,300,120	\$ 3,641,280	\$33,413,080
1901	43,595,440	23,633,660	25,054,590	92,283,690
1911	94,499,540	39,653,390	48,520,180	182,673,110

In 1911, the sickness societies spent more than twice as much as in 1901 for relief of ailing members, although their adherents were only one-third more numerous.

The reserve funds accumulated for all Workingmen's insurance purposes have been increased from 63¾ millions of dollars in 1891 to 665 millions of dollars in 1911, or more than tenfold in twenty years.

Every year new projects are brought forward to widen the scope of this form of insurance, to provide additional benefits and to facilitate the obtaining of compensation by the workingmen. But, unless a halt is called in time, the load of this social legislation, heretofore successfully carried, may become a crushing one for German trade and industry. Nor does the struggle for existence appear less strenuous than before for the great mass of workers.

Considering the position of women alone, the number of women industrial workers in Prussia rose from 2,697,462 in 1895 to 4,492,235 in 1907, or 67% in twelve years. The number of married women obliged to join the ranks of the toilers increased three-fold, from 512,148 to 1,551,559 in the same period.

For the German Empire as a whole, in 1907 women workers comprised approximately one-sixth of the total population, while in France they numbered less than one-eighth. Thus, if judged by the number of women forced

by necessity to earn their livelihood, conditions in Germany are worse than in France, despite the costly legislation in the former country designed to raise the status of the laboring class. One would naturally think that the heavy expenditures in social insurance were justifiable from an economic standpoint had it resulted in diminishing sickness and in improving health conditions among the great body of laboring people, but the following table shows just the reverse:

	1891	1901	1911
Cases of sickness per 100 insured.....	35.6	38.6	43.3
Average number days sickness per case	16.8	18.2	19.7

To realize the disappointment in these figures, one should bear in mind that aside from the four-fold increase in sickness benefit payments in twenty years, \$129,948,000 have been spent up to and including 1911 for new hospitals, convalescent homes and recreation resorts, and \$86,156,000 more for hygienic dwellings for laborers. Yet, in spite of all this welfare work, the German workman is more prone than ever to fall a victim of disease and, when ill, requires a longer time than formerly to recuperate.

In France, on the other hand, where practically nothing has been spent to improve housing conditions, and where sickness insurance is voluntary, workers lose annually fewer days through illness than ten years ago.

I will not go into details of results in other countries. Suffice it to say that wherever a government has become paternalistic, its people have taken advantage of the legislation enacted in their behalf, and usually to the ulterior detriment of society at large.

No method for solving the problems of life will serve any purpose until the individual applies it in his own life.

There is nothing gained in trying to uplift the masses unless each individual in the mass is taught to lift up himself; and the effort of the few in trying to change the exterior conditions of the many is love's labor lost. Each individual must not only assist in changing his own condi-

tions, but must take a leading part in bringing about that change. True, he needs help to a great degree if he has had no training in the mastery of life, but only to a slight degree if he has had such training. The very moment we try to help a person who depends more upon the efforts of his helpers than he does upon his own, we are throwing our time and energies away; and nearly all charity, philanthropic and reform work done at the present time is of this kind. It acts as a palliation, affords temporary relief, and is absolutely necessary as an aid to practical training in self help, but alone it is utterly worthless in creating permanent improvement.

We are spending millions every year in lifting people out of the "frying pan" only to plunge them into the "fire." These millions should be gradually directed toward a system, the object of which should be to teach each individual to emancipate himself.

How can this teaching best be accomplished? An increasing intelligence opens our minds to a comprehension of the causes underlying ill health, and we learn that most of our ills are due either to insufficiently or badly prepared and unclean food rather than to any excess in food values or quantity.

So the ills of the body politic arise from the badly prepared youth of our country who are absorbed and take part in the functions of our government in all of its activities. This thought brings to mind our institutions of learning, foremost of which are our public schools. Inasmuch as health and sanitation are the result of proper mental training, how could it be better impressed on the public mind than at the time when future citizens are the most receptive, namely, in their childhood? Furthermore, the health and strength of a nation, as well as the education and methods thereof, should be entirely separate and distinct from politics.

There is no reason why one political party should, or does, know better than another, the best plan for laying

the foundations of fundamental knowledge of its youth. Why not make then the Public School system a function of the National Government? Remove it from the pale of political patronage, place it under the guidance of men and women educated to be educators, who have chosen their vocation on account of their love for their country and humanity at large, and pay them an income commensurate with their services.

In one of our large cities the average wage (it cannot be dignified by the term of salary) of the school teachers is only thirty dollars per month. How can one be expected to be in a condition of mind capable of imparting knowledge when most of one's time must be consumed in devising ways and means of meeting the every day problem of life?

We have at Gary, Indiana, under Mr. W. A. Wirt, the most remarkable school system in the world, where the children are taught life in its realities and obligations, and where the youth are developed into substantial, capable and law abiding citizens. With a proper movement started, we could establish a similar system throughout this whole United States. There is no reason why a child in a rural district should not have the same educational advantages as one in a large city, and a youthful citizen in one part of the country should enjoy the same privileges as those in every other section. As an animal, and disregarding his intellectual development, man is entitled to a living provided he does something for society in return. Education would teach him his relation to his neighbor and to his government and would go a long way toward the elimination of the causes leading up to the necessity for such a large number of so-called charitable associations.

There has recently been established an organization known as the Life Extension Institute, in which the New York Medical Journal sees the beginning of a tremendous world movement, the ultimate result of which is to be a complete change in the practice of medicine and in the status of doctors.

The purpose of the Institute is not the cure of disease, but its prevention, or at least the effort will be to discover disease more nearly at its beginning than is done under the present system, and to take it in hand when cure is comparatively cheap and easy.

What this reference to the Life Extension Institute is meant to convey is the one thought, namely, PREVENTION—of which you have often been told “An ounce is worth a pound of cure.”

Education or intellectual development will therefore be the preventive of many of the ills of society just in proportion to the number of people who realize the power of thought, which is the product of the mind.

On the other hand, wrong thinking is just as pernicious as right thinking is efficacious. It therefore behooves us as a nation to center our attention on the proper mental training and development of the children. This can only be accomplished by the co-operation of all those forces now earnestly and sincerely engaged in activities which make for the welfare of the race.

I would not recommend the cessation or reduction of any services that are being rendered to those in distress, but there are enough people now interested in various philanthropic organizations whose concentrated efforts can create a public opinion that in time will bring forth the fruits for which we are striving.

Let us not allow our sympathy to carry us away and make us satisfied with the mere administering of first aid as it were. This is all right as a means to an end, but should not constitute the end.

I have departed to a large extent from my subject, but it is my belief that, as stated before, many changes must take place before the Public Health Nurse should become a part of the municipality's administration.

The future function of the public nurse, as I see it, is that of a teacher at the head of a department in each school where health, hygiene and sanitation will be taught

and demonstrated just as any other part of the school curriculum.

Inasmuch as Nature knows no such thing as time, one should not delay or hesitate just because we may not live to see its completion. If we could suddenly revolutionize society and start tomorrow, it would take two and perhaps three generations before we could note a marked improvement.

Patience is a virtue not possessed by many of the present generation, but a wonderful inspiration may be derived from the example of the Century Plant, which requires one hundred years to produce a seed pod, and which does not live to see the fruits of its efforts.

And now, in conclusion, I want to emphasize the desirability of co-operation along the lines of prevention; the elimination of causes of distress, and a constructive effort to create and maintain those conditions productive of the greatest good to all the nation. This can only be accomplished by proper attention to the children.

Let us not be discouraged, rather let us renew our hopes in the words attributed to Carlyle:

"I come this way but once; any good that I can do, any kindness I can show to any living being, let me do it now, let me not delay nor neglect it, as I shall not come this way again."

Industrial Welfare Nursing.*

ARTHUR H. YOUNG

Let me begin my remarks with this ray of hope to you—I have been asked to talk for twenty minutes on the subject “Industrial Welfare Nursing from the Viewpoint of the Business Man.” I have practised my speech over and over again in front of the mirror, and it *does not exceed* twenty minutes. This is a surprise to me; it took me hours and hours to prepare it, and it has seemed that I spoke for at least an hour when I tried it out on the dog, but nevertheless, my final bow comes just at the twenty-minute mark, which means I have fulfilled the request of the Chairman with the minimum boring you.

First, let me introduce myself to you, as, to my regret, we are total strangers. I am interested in the Department of Labor and Safety of the South works of the Illinois Steel Company, a subsidiary of the United States Steel Corporation. The province of the Department of Labor and Safety is to safeguard the lives and health of our employees, and to foster, by honorable means, a high and sincere regard for the Company in the mind of each of our employes, and to prevent the abuse of authority on the part of foremen and others. The Department of Labor and Safety acts as a judicial tribunal, to whom any employe may come with a real or fancied wrong and be assured justice. In short, its object is to carry out the assurance of our General Superintendent that every man shall receive a “Square Deal.” To us, in this Department, comes the man seeking a job, and the man grown old in the job, who wants (and gets) lighter work; the victim of the loan shark, whose family is destitute because of garnishee and wage assignments; and the \$15.00 a day man who has been on a spree; to us also come faithful employes seeking retirement on a pension; and sneak

*Paper read at the Annual Meeting.

thieves who have stolen brass castings; churches and charitable societies seeking free coal for gratuitous distribution to the poor, wives and children of sick employes, and employes seeking advice and aid because of sickness or death in their families; and so on, ad infinitum, through a world of intimate contact with all manner and kind of peoples. All this and more, without a thought of paternalism on the part of the Company, or of servility on the part of the employe. I doubt if any concern of anywhere near our magnitude preserves in as dignified a manner so intimate and free a relation with its employes to the number of thousands and embracing thirty-two different nationalities.

As our work has led on and on, the scope of our activities has been broadened, and more than two years ago we acquired a nurse, detailed for our service from the Visiting Nurse Association of Chicago; and a few months later a second nurse was detailed, and it looks now as if we would need two more to care for the growing demands made on these tireless workers by our employes and their families. All this may seem irrelevant, but I have endeavored to show my qualifications to a discussion on this topic. The statements which follow, I base on this actual experience—the conclusions I draw are not mere theories, they are proven facts. If you would take issue with me on them, let us not argue it on this floor—come first and pay us a visit at South Chicago; observe what the nurses are doing; ask the employes what it means to them, and ask the officials if it pays. When you have done this, you will find we are of similar minds.

And bear this thought in mind—in the matter of cost and return there is no closer scrutiny, analysis and proving of figures than that which accompanies the proposal, acceptance, rejection or continuance of a new practice in the United States Steel Corporation.

Now, let me define to you the scope of industrial Welfare Nursing as we are practising and planning for at South Works.

1st. Actual nursing care is given in case of sickness of employes or their families (this does not include personal injury cases—we provide a free hospital for such of the men as are unfortunate enough to be injured.) Last month the two nurses made 431 calls.

2nd. Instruction is given members of the families of our foreign men in nursing, housekeeping, cooking, preparation of sick foods, sterilization and sanitation.

Through a fund provided by the "Good Fellow Club" (purely an employe organization, supported by voluntary contributions) the nurses provide a housekeeper if the housewife is ill, a wheel chair for an invalid, fresh milk and eggs for weeks for convalescents, railroad fare and a vacation for an over-worked mother, flowers and books for the sick room, Christmas baskets for the poor, and an outlet for the overflowing hearts of the rich.

They stay in their offices two hours out of each long day, and during this time come to them for help and counsel children with cut fingers, shoeless feet, toyless hearts, or minds great with anxiety because of "Mamma's new sickness." Surely they have absorbed the Spirit of the Master when He said "Suffer little children to come unto Me." To them come also mothers and wives for new bandages and gauze and linen and drugs, for clothing for their children from the cast-off garments of their wealthier brothers and sisters—aye, not only cast-off garments, but torn-off garments, for since the nurses have made better known the happiness a warm cloak may bring to some poor person our richer friends have virtually "given the shirts off their backs." To the nurses do these people also come for advice as to what doctor to call, where to get a prescription filled, where to get Johnny some second-hand school books, what change to make in baby's food, how to compel the landlord to repair the leaky plumbing, shall we vote for this Alderman or that—will you write this letter—will you tell the company to make the boarder pay his bill—the list beggars compilation. And at night, when the tired, worn-out

nurse has just settled herself at home for a cozy three-hour study period, or a comfy chapter on "The Relative Value of Protein and Carbo-hydrates as Tissue Builders," comes a knock at the door and in staggers a gaunt spectre of a former T. B. patient who deserted his wife, and now wants the nurse to go to her and make his peace that he may come home to die.

And now, after one has seen these things, you ask him as a business man, "Does it Pay?" Well let us see:

It costs us at South approximately \$3,000.00 per year in salaries, supplies and carfare. Against this actual cash outlay may be figured returns in three different phases:

1st. Actual cash value in increased constancy of attendance of our force.

2nd. Advertising value.

3rd. Value as a feature of organization detail.

Let us see what these amount to in detail.

The National Council for Industrial Safety recently circulated a paper compiled by a representative of the Yale & Towne Manufacturing Company, wherein is shown the actual cash value of "Constancy of Force," and it is also proven that the employer loses twice as much as the workman when the latter lays off. Briefly, the discussion is as follows: From the total amount of all sales for the past year deduct the amount of the Pay Roll, and divide the remainder by the average number of operatives. You will thus arrive at the amount of sales each man was responsible for as a worker in the Company. In general it will be found that this amount approximates \$1,000 per year per man, which is equivalent to 40c or 50c per hour per man, whereas the average wage per hour per man is between 20c and 25c. Therefore, when a regular worker lays off, not only does he lose his regular wage, but the concern loses twice as much as he, for that sum which he would earn for the Company must go to meet the interest on all fixed charges and to create dividends. The firm must incur outlays to educate a new man to bring his production up to a par with that of

the absent man, and during this period the concern loses all of its interest on that part of its work the absent man took care of while on duty.

I know of numberless instances in our experience at South Chicago, where it would have been necessary for the wage earner to stay home and nurse his sick wife and care for the children, if it were not for the ministrations of the visiting nurse. I know of many cases where the Food Fellow Club hired a housekeeper to care temporarily for a family of children left motherless, or because of the mother's illness, where, otherwise, the wage earner would have been compelled to stay home. The 25 cents an hour, which would have been lost to these families, seems as big as a mountain at such a time—but don't forget that the company was fifty cents worth of sales gainer for each hour these men labored. Fifty cents an hour means five dollars per day, and I have known of as many as five families at once where the foregoing conditions prevailed. In other words, while our nurses cost us less than ten dollars per day, we were directly benefitted to the extent of twenty-five dollars per day. And furthermore, while making this saving, we were giving our employes an interrupted pay period at a time when every dollar looks as big as a house, and contributing to their peace of mind in a manner that has brought many manifestations of appreciation.

Now let us take the advertising value. I don't for one minute, think any concern embraces the Welfare Nursing proposition as an advertisement, but its value in that respect need not be overlooked. Every manufacturing concern, except a gold mine, must have an efficient sales force and seek and maintain a market for its products in the face of stern competition. It must attract customers and gain their interest in order to broach the subject of a sales contract, and it is just this period of contact that is so frequently the goal of the salesman. If only he can get a line of approach to a prospective purchaser and secure the opportunity of presenting his proposition, the goods will sell

themselves on their merits. I have been a traveling salesman myself, and I know whereof I speak when I say that a deal is more than half completed when a salesman secures an audience with a user of his type of product who possesses a good opinion of the manufacturer's business organization. I personally know of several very good customers of my Company, who first came to know of our products by visiting our plants to secure data on our Safety campaigns. When they beheld the care and expense we lavished to safeguard our machinery and educate our careless workmen, it was a short step further to demonstrate that the same care and expense was put into "quality" of product, and personal contact along these lines soon ripens into business contracts. So, too, with Welfare Nursing—the casual or particular visitor cannot witness the sincere and honest effort demonstrated in this manner, whereby the manufacturer discharges a part of his duty toward his employes and voluntarily assumes an expense thereby, which is held by many to be rightly chargeable against municipal, state or federal government, without increasing his respect for the high-minded principles actuating the executives of that organization, and a single friend so gained from the ranks of visitors or correspondents may hand you a contract which will repay the entire expense of your Welfare Nursing. To get right down to a concrete case—practically none of you people here have ever heard of the Illinois Steel Company before as anything but an arm of the giant octopus, as the newspapers characterize the United States Steel Corporation. You did not know our plants are recognized as the most efficiently safeguarded of any in the world, and our methods of education of careless workmen are copied by hundreds of manufacturers. No, most of you didn't know that before—but it's true. And it's true that the United States Government holds up our Safety Department as a model of organization detail. And it's true that the Chief State Factory Inspector has said that our sanitary installations of wash rooms, steel lockers, shower baths, etc., are in advance of

all other plants of anywhere near our size. And it's true that our Welfare Work is not being carried on to a lesser degree than these other features. All this you learn from me today, and if you are fairminded you cannot help boosting the Illinois Steel Company and the United States Steel Corporation, and that means that some day you will send to us the representative of a concern interested in similar work, who is in the market for our products. And if that representative sees a plant as spick and span and clean as your room at training school, and talks with our employes and finds them in love with their work and their employers, he is going to take a pleasure in asking us to bid on his supplies.

Now for the third class of return—the value as an organization detail. Every bit of activity you, as a business man, do in Safety, Sanitation, Relief, Plant Cleanliness, Welfare, etc., in an honorable, sincere manner, engenders the appreciation, the respect and the loyalty of your employes, and when you have these feelings of sincere regard in the rank and file of your organization no silver-tongued labor agitator or sabotage preaching vandal is going to get between you and your men. You have convinced them of your interest in their welfare, your fairness of mind and kindness of heart, and if you have overlooked some detail of wage or working conditions which merits adjustment, your men will present it themselves in a fair and friendly manner. Therefore do I say that the Industrial Welfare nurse is a potent factor in the maintenance of proper relations between employer and employes, and on this angle alone more than justifies the expense of her maintenance.

Ladies and gentlemen, this is my message as a business man. Let me further say that, as an American citizen, recognizing my duty to assist the aliens we welcome to our shore, I would deem it wise at almost any cost to promulgate the widest distribution of Industrial Welfare Nursing, for its lessons and its counsels are sadly needed by our millions of foreigners who are embryonic Americans. And it some-

times seems hopeless to me to expect governmental agencies to properly assist these people in their assimilation of American citizenship.

And in closing, let me say that I pray I may never again be called upon to reduce so grand and so noble a scheme as Industrial Welfare Nursing to a hard dollar and cents basis. I feel like begging the pardon of every nurse so engaged, for my effort this afternoon, and have only done as I have because I feel that my remarks may possibly lead some wavering executive to look more deeply into the benefits of the proposition ere he, all unknowingly, sacrifices a golden opportunity. To tell of the scope of the work and then discuss the question—"Does it Pay?" is descending from the sublime to the ridiculous. Does it pay? Why not ask, does Christianity pay? Does it pay to be honorable and good and true? Does it pay to worship the memory of a saintly mother? Answer me these questions ere you again ask concerning the dividend rate of Industrial Welfare Nursing.

An Effort to Reach the Public

CAROLINE WILKS

The question of the policy to be pursued in regard to fees has been one of very vital interest to the Instructive District Nursing Association of Boston, especially in the last few years. At the time of its organization in 1886 it was distinctly charitable. In fact, for some few years practically no patients were nursed except those under the care of the district doctors from the Boston Dispensary which furnishes free medical attention to needy persons. Consequently, persons able to pay at least a small fee to a private physician often called these free doctors in order to secure the services of a nurse without charge. In the light of the present day tendency to encourage self respect and independence of spirit, it is interesting to note the views of this association ten years after its organization. I quote from an article published in the "Forum" at that time: "It was a matter of discussion with the Association in early days whether it would be better to exact payment, even of a few cents, from the patients who receive care. In many cities this is done, or at least where the nurse believes the family able to spare such partial return for the service that is rendered. It is, however, doubtful whether the self-respecting poor who just manage to live independently while they keep well would not be the ones on whom such a regulation would press hardest, and whether the thriftless who do not object to being paupers, would not receive the most help. Besides, while all are now treated free, and in most cases receive the care with gratitude, feeling under some obligation, they would be likely to consider, if they paid anything at all, that they had paid the full value of the nursing, and thus come to demand it as a right."

Eighteen years have gone by since that was written and have brought us to the point where we believe that public health is indeed the right of all. Therefore we offer to

everyone a perfectly independent form of nursing service for which the maximum fee of fifty cents pays in full. We explain our policy in every family we visit, unless we know that it is being aided by a relief giving agency. We explain that we are neither municipal nor charity nurses; that our funds are made up entirely of fees paid for nursing service and of contributions from private individuals. When the patient understands this and realizes that by paying what she can—either the whole or part of the fee—she is helping a less fortunate person to receive free nursing care, it is stimulating to one's faith in human nature to see the effort made to pay something. In just this spirit, for instance, a poor Italian woman gave with pride fifteen cents for as many visits. Because we ask for a fee, Mrs. A., a perfectly self-respecting, independent woman fallen into times of stress through illness, is perfectly willing to ask us to visit her, even if she cannot pay at the time of the visit. Whereas if we were still "charity nurses" Mrs. A. would suffer a good deal rather than have her neighbors see her accepting charity even in the form of nursing care.

To get away from the idea of charity nurses our uniform was changed from one of striped material, long associated with free doctors, to one of plain blue. Some months later a lad in East Boston said to another boy, "We don't have them charity nurses any more over here—we have them blue ones that you pay for."

Education of the people to want to pay means constant and untiring repetition by the nurse of the reasons she asks for a fee. It means making the patient feel that he no more wants free nursing than he wants free bread or free housing. It means appealing to his self-respect and his spirit of independence. If we can reach that better side of him and he pays, how much more does he value the nursing service! One always values more the thing worked for or paid for. We meet with special difficulty, perhaps, with the foreign born maternity patient. For instance, a short time ago a nurse asked the father of a newly arrived sixth child if he would pay for his wife's care. Pulling a handful of

money from his pocket, he said, "No, I got money but I no pay, my wife she have five already, I no pay then, I no pay now." The nurse explained carefully and patiently why he should pay, but apparently without effect. But on the last visit the man said, "I pay you two dollars for my wife."

Then, again, we have the occasional chronic patient nursed for two or three years who is able to pay the full fee but does not do so. Such an one, taken on three years ago, was asked then to pay what she could. She said she would pay ten cents a visit. A few months ago the supervisor called on her in her comfortable home and explained our desire to make our nursing an independent service. When she realized that if she did not pay the full fee she was receiving charity, she said immediately that she was not in a position to need charity and that she certainly wished to pay for what she received. Better still, she was interested to hear of our policy and approved of it.

Our desire to educate people away from the idea that our nurses are charity nurses has been aided very greatly by the fact that we nurse the Industrial Policy-Holders of the Metropolitan Life Insurance Company for which the patients know we receive full pay.

We feel that the recognition of public health nursing as an independent service is of the greatest importance, since upon the general recognition of that fact depends our success in reaching the great so-called middle class—the man on a moderate income who cannot, for financial reasons, secure a trained nurse for his family at \$25 a week, and who certainly cannot, for reasons of self-respect, ask the aid of a charity nurse. Here lies an immense field for the public health nurse which we are only just entering upon.

Because we lay so much stress on the education of the patient to pay if he can, we have not for one moment lost sight of the fact that the patient who cannot pay at all is the one whose need is probably greatest. A study of the fees for three months last year showed that 47 per cent of our patients paid nothing. That is probably too large a

proportion, although 30 per cent of our cases were Boston Dispensary cases—17 per cent paid less than \$.25 a visit—about 5 per cent paid \$.25. Only two and one-third per cent paid the full fee of \$.50. We get encouragement, however, from the fact that in 1913 our fees were \$4,222.93, nearly three times as large as the fees in 1911. Almost half this sum was collected in the last four months of the year.

Studying the fees a little more in detail we find we collected in one district \$64.63 in March, 1914—twice as much as in March, 1913. This district is one of the most congested in Boston and is made up almost entirely of Italians in one section and Jewish people in the other. In another district, where our patients are mostly Irish or Polish our fees this March amounted to \$52.50 and trebled those of last March. This increase of fees in these districts shows what measure of success we have attained in making these new Americans want to pay, as far as they can, for what they receive.

In a third district we have a population mostly native born and living in much more comfortable circumstances. This March both the number of patients and the amount of fees doubled those of last March.

In a fourth district, similar in make-up to the last one, we have had the interesting experience of watching the growth of general visiting nursing in a field where there had never been any charity nursing. Previous to August, 1913 we had done only nursing for the Metropolitan Life Insurance Company. We then started a six months' experiment to prove the need or not of general nursing service. The report of the first month noted thirteen new patients, of whom only five were not Metropolitan policy-holders. The fees collected were \$.20. The report of January, the last month of the experimental six, shows thirty-seven new patients, of whom fifteen were not Metropolitan. The fees amounted to \$48.50.

These last two districts show, we feel, some measure of success in reaching the small-salaried, independent class.

It will doubtless be some time before we reach the ideal pictured last year by Dr. Frankel, when visiting nurse associations will be self-supporting, because every visit will be paid for in full, either by the patient himself, or by life insurance companies, societies or unions, employers of labor, or even by relief giving agencies when we nurse in their families. At least we may feel we have made some beginning with the patients themselves and the general public. Certainly we have accomplished a very definite thing when we have made our nurses feel that, while the fees are badly needed with our increasing work and increasing budget, the money collected is not the main thing, but that the really vital issue is making the patients want to pay. The nurse must feel that if she is to embrace her full opportunity she must educate the families she enters not only to be better men and women physically, but to be better members of society economically.

Stories Told by Nurses

Pietro.

ANNIE EARLEY

Pietro had left his native Italy to make a new home in America for his wife and small son. Very soon he secured a good position, and after two years of careful saving was able to bring his little family over to the four room tenement on the fourth floor.

For about ten months all went well, but with the arrival of the new baby came misfortune. A few days after his birth poor Angelina developed septicemia and was taken to the hospital. Unable to understand any English, she was terrified by the strange surroundings and wept piteously until Pietro took her home against advice.

Here he nursed her back to health with an earnestness and patience that were a marvel to the nurses who came every day to bathe the mother and baby, change the bed and make all comfortable for the day

Pietro was taught to prepare baby's feedings, keep a temperature record, and give diet and medicine.

In the meantime he attended to all the work of the household, including the washing.

After several long, anxious weeks Angelina was able to be up once more, and as soon as she could take the trip was sent with the children, to the home of a brother in another state.

Pietro, deeply in debt, his savings gone and his furniture all sold to meet daily expense, but still rich in splendid courage, thanked God that his Angelina had been spared to him, and set out to look for work. As he said, "I work here about two years to pay everyone that trust me, then I take my family down to Italy. This country bad luck for me."

159 R-----Street.

ANNIE EARLEY

Septic Burn Dressing

The call came from the city doctor, and on her first visit the nurse found an Italian boy of four years with a bad condition of the scalp. This improved with daily care, but it was the mother who drew the nurse's attention. A patient little woman she was, overburdened with the care of her household and six small children, but still smiling.

During the following weeks she confided to the nurse, what she already suspected, that in a few months the mother would give birth to her seventh child. Did she have a doctor at the birth of the other children? The answer came that she had the "levatrice" because she cost only five dollars and there was no money for a doctor. "Now me 'fraid, me 'fraid." Why? Because near by lay a mother very, very sick and everyone said it was because of the midwife's carelessness. She did not feel well now and must not die, for who would take care of her children? Great was her joy when the nurse told her that she would see what could be done about a doctor.

The case was discharged in due time, and after a lapse of several weeks this call came:

159 R—— Street—Pneumonia.

It was not Louie this time, but Amando, the youngest. Four weeks before, all the children had had measles, but Amando had not improved as did the others and he developed pneumonia.

Mrs. M—— had followed the doctor's directions faithfully and Amando appeared to be improving until the day before, then he became desperately sick, and the little life went out that night.

The day after the burial the nurse called again and found Mrs. M—— calm and patient under her new burden. Neighbors and friends had given towards the expenses and

helped in many ways, also had tried to comfort her by saying that she had too many children and with another coming it was just as well that the baby had gone, relieving her of its care. But no, she did not have one too many, each one was dear to her and "little Amando was such a nice baby, too."

Only a little Italian woman with six small children, struggling day by day to keep them and the house clean on her husband's small wages, but counting not the cost in labor and money if she could but keep each one, for she loved them as only a real mother loves.

News Notes

(Note: We are indebted to a recent number of the Journal of American Medical Association for few of the following notes.)

The Secretary of the Philadelphia Organization for Public Health Nursing, Miss Dorothy M. Ferree, reports that after some agitation among the public health nurses in Philadelphia, a meeting was called on February 2, 1914, for the purpose of discussing the advisability of forming a local organization for public health nursing. Forty-five nurses in various branches of public health nursing were present and it was unanimously decided that such an organization be instituted.

A second meeting was held in March, at which time official organization took place.

At the April meeting Dr. Chas. J. Hatfield, Executive Director of the Henry Phipps Institute, delivered an inspiring address on the subject of the development of public health nursing.

The meeting in May proved unusually profitable, incident to the fact that those members who attended the Convention of the National Organization reported what they gleaned from that Conference.

These meetings have all been well attended and much interest and enthusiasm have been shown from the start. It is the aim of the organization to focus its purposes on mutual interest, exchange of ideas and general advancement of public health work, and is not an association which assumes responsibility in the organization and direction of public health agencies.

The statement made in the last issue of the Quarterly concerning the educational work of the nurse connected with the W. C. T. U. Settlement School at Hindman, Ky., is

work that has in the past been done spasmodically, in connection with active bedside nursing and was planned to be carried out in its entirety consecutively throughout this past winter, but because of complications it was impossible for Miss Butler to do the work this year. The paragraph concerning the initiation of the two Red Cross Rural Nurses is correct.

At the joint meeting of the Boards of Directors of the three National Organizations of Nurses it was reported that, in view of the fact that the National Y. W. C. A. is about to erect a \$400,000 building in New York City, to be used as a club house for nurses, and in as much as one of New York's most prominent women is deeply interested in making it serve a larger purpose than merely that of a local club, the three National Associations have considered this to be the right time to consider seriously the possibility of establishing a national headquarters for nurses. Miss Noyes reported that the League had appointed Martha M. Russell member of a committee on national headquarters. Miss Foley reported that the Public Health Organization had appointed Miss Crandall to the same committee. The American Nurses' Association appointed Miss Wheeler to the same committee, to act as chairman.

An invitation for the exchange of complimentary corporate memberships has been extended by the National Organization for Public Health Nursing, to the American Association for Study and Prevention of Infant Mortality. In view, however, of the fact that the other national associations—the American Nurses' Association and the National League of Nursing Education—are both identified with the American Association for Study and Prevention of Infant Mortality, it was felt that it would not be a square deal to the other organizations to arrange for the exchange of complimentary corporate memberships with one organization without doing the same for the others, and the

offer was therefore regretfully refused. An exchange of reports and printed material has been arranged for.

The Canadian Society of Superintendents of Training Schools for Nurses held its eighth annual meeting in the Technical College, Halifax, Nova Scotia, on July 8th and 9th, 1914. The speakers included men and women of prominence from all parts of Canada and the program was well representative of the aims and activities of this most important organization. It is of interest to note that copies of the Quarterly were requested for distribution at the meeting, and this request was gladly complied with.

The Henry Street Settlement, which would undoubtedly furnish further information on application, announces a new five months' course in Public Health Nursing beginning September 1. Field work and lectures at Columbia University and the School of Philanthropy will be included. A limited number of scholarships of \$50 each will be available to nurses who can qualify for the course.

For several years past the Council on Health and Public Instruction of the American Medical Association has offered speakers for all Philadelphia churches desiring an address on Public Health Sunday, June 21st. A list of churches, speakers and subjects for this year can be found in the Journal of the American Medical Association, June 13th.

The Literary Digest for May 2nd prints a very interesting resume of a report given in New York (1914) by Miss Carolyn Van Blarcom, Executive Secretary, Committee on Prevention of Blindness of New York Association for the Blind. In its bearing on the regulation of midwifery through the provisions of a midwives act and the establishment and maintenance of schools for their instruction as in England, it possesses a very high degree of interest.

Miss Van Blarcom contributed a very valuable article to the pages of our magazine several years ago, entitled

"Midwifery and Infant Mortality" (Vol. III, No. 3, July 1911). We hope to discuss the several aspects of this question in a future number of the Quarterly, and are fortunate enough to possess several addresses on the subject which were given at the recent Nurses' Convention in St. Louis.

The Governor of Indiana has consented to issue a proclamation calling the people of the state to observe a day in October, to be designated as Disease Prevention Day. Sixty anti-tuberculosis societies will lead in observing the day, and will have the cooperation of the State Board of Health, the State Anti-Tuberculosis Society and municipal officers of many cities.

June 15 was celebrated as **Public Health Day** at the Chicago meeting of the Federation of Women's Clubs. The program of the conference included the topics of public health, visiting nurses, the rights of childhood, work of women in tuberculosis, value of marriage certificates and the teaching of social purity. The day was under the auspices of the Chicago Medical Women's Club.

Note Regarding Reprints. The National League of Nursing Education will receive early orders for reprints of articles read in their session; the American Journal of Nursing will supply orders for reprints of papers read before the American Nurses' Association; and the Public Health Nurse Quarterly should be applied to for reprints of papers read in the session of the National Organization for Public Health Nursing. Address: Miss Sara E. Parsons, Massachusetts General Hospital, Boston, Mass; Miss Sophia F. Palmer, 45 S. Union St., Rochester, New York; and Miss Annie M. Brainard, 612 St. Clair Avenue, Cleveland, Ohio, respectively.

Child Welfare. A clinic for examining babies and to give advice to mothers concerning the child's health and diet is being maintained by the Children's Association of Indianapolis. The stations are in charge of Drs. J. Don Miller, Walter D. Hoskins, Leslie H. Maxwell and Lehman M. Dunning.

The establishment of a fresh-air camp and sanitarium for babies at Saluda was enthusiastically endorsed at a meeting held in Spartanburg, S. C., May 29, and a committee was appointed to promote the plan.

The Municipal Summer Hospitals for the care of sick children and infants were opened at the Race Street and Chestnut Street piers, Philadelphia, June 15. Councils placed \$6,500 at the disposal of the director of health to increase the accommodations of both these hospitals. Dr. S. W. Newmayer, assistant medical inspector, has charge of the Chestnut Street pier, which is equipped with twenty beds and a corps of three nurses.

Trachoma. Dr. F. G. Baudreau of the Ohio State Board of Health, found 23 of the 80 inmates of the Athens County Children's Home suffering from trachoma. Since the report by Dr. Joseph W. Schereschewsky, Washington, of the Public Health Service concerning trachoma in the employees of the Youngstown Sheet and Tube Works at East Youngstown, and on the generally bad sanitary conditions of the town, overcrowding of lodging and boarding houses, etc., action has been taken to remedy the conditions by the town council. The medical department of the Sheet and Tube Works has also instituted many reforms, have bettered sanitary conditions, and are co-operating with the city authorities. The trachoma hospital established by the company will soon be supplied with tub and shower baths for the benefit of the citizens generally and the employees of the company, for the use of which a very small fee will be charged. The council was recently addressed by Dr. Sidney M. McCurdy, chief surgeon, and J. M. Wolz, head of the safety department of the Sheet and Tube Works, on the necessity for better housing and better municipal sanitation.

A report of the Conference and a Financial Report will be published in the August Bulletin, in order that an account of the Convention may go to every member of our National Organization.

Foreword to a Prayer

From many quarters there now come to all of us in connection with research and field work in sociology, precious indications of an increasing desire to relate life to its immortal aspects rather than to its purely physical and temporal issues.

This indication seems to be reaching us in several different ways. From some sources we receive the impression of a collective immortality and progress to be achieved through the race itself amid the changes and chances of human life in its onward streaming to the goal toward which all creation tends; and from other sources comes the purely mystical cry for help—that cry of “Abba Father!” to One Who in the ever present time of need hears this aspiration of the imperfect creature to the infinite perfection of the Creator.

A Public Health Nurse, distinguished alike for the quality of her own work and her interest in the larger issues of Public Health Nursing in this country, has sent to us a prayer, with the accompanying request that we publish it:

“I am enclosing a copy of a prayer which I had clipped from a magazine and put in my prayer book. I happened to show it to some nurses on the Sunday I was in St. Louis, and they expressed a desire to have it printed in the Quarterly. I do not know whether that is entirely out of order or not. * * * I am simply sending it, because I said I would, and shall understand perfectly if you do not care to use it.”

We reprint the prayer feeling sure that for all nurses, including those who appeal to God the Father only, the meaning of the aspiration will find a response in their hearts.

We welcome any indication which recognizes the Spirit and its transcendent claim upon us.

“A Prayer for the People Who Toil”

Almighty God, who in Thy love ever toilest for me in making this world my home, and who didst send Thy Son to labor with His hands among the children of men; grant that I may know the dignity of honest work. When I am weary, comfort me with the remembrance that I have not shirked. When I am ill rewarded keep far from me selfishness and bitterness, and give to me sympathy with all who suffer wrong, that for their sakes I may plead in Thy Name for justice and love among all classes of men. And when night cometh, if I have done my duty, let me not be anxious for the morrow, because Thou art my Father and wilt keep me and those whom I love in perfect peace; through Jesus Christ our Saviour. Amen.

By Their Shoes

Tolstoi wrote a story about a shoemaker who lived in a basement in a little room with one window. The window looked out on the street. Through the window he used to watch the people passing, and although only their feet could be seen, yet by their boots the shoemaker recognized and judged the men and women.

And this is not such a bad way of judging people after all. The man or woman who decides to wear shoes that fit and thereby induce efficiency is apt to be a fine individual. The Ground Gripper Shoe is worn by people who know that to be comfortably and rightly shod is to achieve more.

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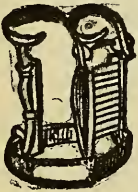
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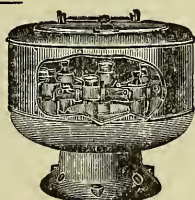


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The Visiting Nurse Society, 1340 Lombard Street, Philadelphia.

Miss A. K. Sutton, Superintendent,

The Henry Phipps Institute, 7th and Lombard Streets, Philadelphia.

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